

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue, NE
1st Floor
 Check if different than previously reported. (ACC)
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00343137
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J. Robb, III, MD

Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 10 12 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1244924.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1570548.58									
(c) Total Receipts (from Line 19)	277776.28	298089.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1848324.86	1543013.49								
7. Total Disbursements (from Line 31)	501570.48	1116926.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1346754.38	426087.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	240760.00	240760.00
(ii) Unitemized	22391.00	22391.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	263151.00	263151.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	263151.00	263151.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2549.08	17781.76
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	12000.00	17000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	76.20	156.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	277776.28	298089.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	277776.28	298089.29

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3095.48	18347.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3095.48	18347.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	492500.00	1092604.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	975.00	975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	975.00	975.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	501570.48	1116926.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	501570.48	1116926.11

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	263151.00	263151.00
34. Total Contribution Refunds (from Line 28(d))	975.00	975.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	262176.00	262176.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3095.48	18347.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	2549.08	17781.76
38. Net Operating Expenditures (subtract Line 37 from Line 36)	546.40	565.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Kevin F. Darr, MD	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 71617 Riverside Dr	Transaction ID: AEAADAIEFBF3BD4E2D81D
	City State Zip Code Covington LA 70433-9031	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Robert J. De Troye, MD	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 3610 Greenwood Dr	Transaction ID: A49E6DA691633490BA2C
	City State Zip Code Johnson City TN 37604-2835	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Watauga Ortho	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) John R. Denton, MD	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 1333a North Ave Pmb 434	Transaction ID: AF3D0E1F7EC4C4C76B51
	City State Zip Code New Rochelle NY 10804-2120	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Vincent Catholic Medic- al Ct	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Shepard R. Hurwitz, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 400 Silver Cedar Ct		Transaction ID: AE1317080220C4D75899		
	City Chapel Hill	State NC	Zip Code 27514-1585	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ABOS	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00			

B.	Full Name (Last, First, Middle Initial) Bryan Scott Kamps, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 621 Vandenbosch Pkwy		Transaction ID: A2A056032BC0F431AB5F		
	City Gallup	State NM	Zip Code 87301-4537	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RMCHS	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Allen G. Lang, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 1100 British Columbia Ave		Transaction ID: A7B75ABF096184977BC9		
	City Ames	State IA	Zip Code 50014-3730	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Vmac	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Mark J. Lemos, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 1164 Ocean Blvd		Transaction ID: A0A5904EEAC52413DB86
City Rye	State NH	Zip Code 03870-2835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lahey Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Scott K. McClelland, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 135 East Shore Rd		Transaction ID: ABFC00FB2EEDB4732860
City Monroe	State LA	Zip Code 71203-8857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Clinic Of Daytona	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) David R. Morawski, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 2525 Kaneville Rd		Transaction ID: A530971A19FD3431BAC3
City Geneva	State IL	Zip Code 60134-2578
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fox Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dennis P. Rivero, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 1457 Bluebell Dr		Transaction ID: AB60F1DDD950A401DAAE		
	City Albuquerque	State NM	Zip Code 87122-1105	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Unm Health Science Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) S. Robert Rozbruch, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 10 Horton Ct		Transaction ID: A200A345F07F645F1A85		
	City West Harrison	State NY	Zip Code 10604-1120	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hospital For Special Surgery	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00			

C.	Full Name (Last, First, Middle Initial) Paul Strawn Sherbondy, MD		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 507 Beaumont Dr		Transaction ID: A3E7D961E67584390925		
	City State College	State PA	Zip Code 16801-8311	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Penn State Hershey	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Faruk Said Abuzzahab, MD

Mailing Address 3902 Ashland Ave

City State Zip Code
Wausau WI 54403-8144

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopaedic Associates
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: A2ADF6A5D611444A0B4A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Afshin Aminian, MD

Mailing Address 5 Johnston Dr

City State Zip Code
Morristown NJ 07960-6042

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: A9027035FFBB44329B2A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Michael Champine, MD

Mailing Address 8210 Walnut Hill Ln
Ste 130, Lb 11

City State Zip Code
Dallas TX 75231-4405

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: A87702E4C569B4548AD2
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Roger B. Collins, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2010
Mailing Address 105 N. Greenleaf St		Transaction ID: AC5C8647DF06B4747A74
City Gurnee	State Zip Code IL 60031-3326	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenleaf Orthopaedic Association	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) James W. Gallentine, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2010
Mailing Address 3121 Sheridan Blvd		Transaction ID: AD2A737D7993947709F7
City Lincoln	State Zip Code NE 68502-5232	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nebraska Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) James Ragan Gosey, Jr, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2010
Mailing Address 1850 Gause Blvd Suite 300		Transaction ID: A8DD60B67435D4081B3A
City Slidell	State Zip Code LA 70461-5434	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Elite Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Nicholas P. Grosso, MD

Mailing Address 10113 Lakeside Ct

City State Zip Code
Ellicott City MD 21042-6340

FEC ID number of contributing federal political committee. **C**

Name of Employer
Orthopaedic Associates of Central MD

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: A284B19A7C4774FB4807

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Blake Gammell Johnson, MD

Mailing Address 2733 Skyline Dr

City State Zip Code
Twin Falls ID 83301-8162

FEC ID number of contributing federal political committee. **C**

Name of Employer
Intermountain Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: A0C169A719DD646BAB83

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Steven T. Kelley, MD

Mailing Address 40949 Winchester Rd

City State Zip Code
Temecula CA 92591-6031

FEC ID number of contributing federal political committee. **C**

Name of Employer
Orthopaedic Surgery & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: A07A270DD36904FDFBC8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 229
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dominic James Kleinhenz, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address Lighthouse Orthopedics 1821 Ne 25th St		Transaction ID: A9926A3839C194F2498A		
	City Lighthouse Point	State FL	Zip Code 33064-7744	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Lighthouse Orthopedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Cyrus J. Lashgari, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 1568 Comanche Rd		Transaction ID: A6021F2DBBD8A4E5B981		
	City Arnold	State MD	Zip Code 21012-2500	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Anne Arundel Medical Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Robert C. Lehmer, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 2300 E. 30th St Bldg D-101		Transaction ID: AC54E34328A844FFBA77		
	City Farmington	State NM	Zip Code 87401-8991	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Orthopedic Associates, LLC		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 229		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Gregory P. Lynch, MD	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 6425 Verona Rd	Transaction ID: AC5DCC2E196584E5D894
	City Mission Hills State KS Zip Code 66208-1834	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Johnson County Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) John J. McCrosson, MD	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 1077 Groves Manor Ct	Transaction ID: A7DB3382333E64F9AABC
	City Mt Pleasant State SC Zip Code 29464-3576	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Roper St Francis Healthcare Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) Gregory S. McDowell, MD	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 2900 12th Ave N. Suite 140W	Transaction ID: A1C1DFCA3F5514E0C9F3
	City Billings State MT Zip Code 59101-7507	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ortho Montana Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
William C. McMaster, MD

Mailing Address 142 Calle De Andalucia

City State Zip Code
Redondo Beach CA 90277-6701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: ADC1E29CD7BA94D9FB31

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jose Manuel Montanez-Huertas, MD

Mailing Address Villa Torrimar Reina Isabel 410

City State Zip Code
Guaynabo PR 00969

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: AB30A80026CEE4E68A93

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James V. Nepola, MD

Mailing Address 200 Hawkins Dr
Dept Of Ortho

City State Zip Code
Iowa City IA 52242-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Iowa Hospitals & Clinics Occupation
Univ of Iowa Hospitals & Clinics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: A445F44A6DCDA4A3C85D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
C. Daniel Smith, DO

Mailing Address 2501 Gene Field Rd

City State Zip Code
Saint Joseph MO 64506-1613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Ortho & Sports Medicine Ct Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: AF5DC79DD06714F6A8A5

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Steven O. Smith, MD

Mailing Address PO Box 11230

City State Zip Code
Fort Smith AR 72917-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
River Valley Musculoskeletal C Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: A6AFCEFAF08E748B194C

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Joseph G. Thometz, MD

Mailing Address 10500 Capistrano

City State Zip Code
Orland Park IL 60467-8245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: AC485E01ECFF94727875

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Bruce Wolock, MD

Mailing Address 8564 Leisure Hill Dr

City State Zip Code
Baltimore MD 21208-1740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: AC08ED85778FA4C7CBC6

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Robert Knox Yarbrough, MD

Mailing Address 4 Sterling Ct

City State Zip Code
Cartersville GA 30120-6469

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: A548ED69638104CA5921

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey L. Zilberfarb, MD

Mailing Address 1 Rollins Place

City State Zip Code
Boston MA 02114-3706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beth Israel Deaconess Medical Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: ACC90FC4DF45E4869BB1

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Joseph E. Alhadeff, MD

Mailing Address 710 Oakwood Dr

City State Zip Code
Red Lion PA 17356-8285

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopaedic & Spine Specialist
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 08 / 04 / 2010
Transaction ID: ADE5CF08FE80047DBA50
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Joseph E. Broyles, MD

Mailing Address 1371 Elmcrest Dr

City State Zip Code
Baton Rouge LA 70808-8882

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bone & Joint Ctr Of Baton Rouge
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 08 / 04 / 2010
Transaction ID: A520127A3CF834D939B3
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
John T. Capo, MD

Mailing Address 58 Jefferson St Unit A

City State Zip Code
Hoboken NJ 07030-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer: UMDNJ
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 08 / 04 / 2010
Transaction ID: A48568CDD2B3E4D089B3
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Harold J. Hebert, Jr, MD

Mailing Address 510 Jefferson Terrace Blvd

City State Zip Code
New Iberia LA 70560

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Employed Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: AFC777B9E0E1D4390925

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ajoy K. Jana, MD

Mailing Address 15902 Patrick Ave

City State Zip Code
Omaha NE 68116-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer
Physicians Clinic Sports Med C Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: AC4A9385656EF4566AAB

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michael E. Kiehn, MD

Mailing Address 3113 Canyon Rd

City State Zip Code
Oklahoma City OK 73120-5614

FEC ID number of contributing federal political committee. **C**

Name of Employer
Orthopaedic Associates Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: ADE89088FA3664DE79A2

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Jeffrey C. King, MD

Mailing Address 7665 Finnagen Dr

City State Zip Code
Mattawan MI 49071-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Healthcare Midwest Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: AD1399C4873D64F77AC0

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Brett T. Krepps, MD

Mailing Address 13309 Stagg Hill Dr

City State Zip Code
Carmel IN 46033-8286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Reid Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **1000.00**

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: A2631D477294F442EA1E

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Francois D. Lalonde, MD

Mailing Address 4103 Rivoli

City State Zip Code
Newport Beach CA 92660-9030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: AD036783741F2499390A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Craig G. Mohler, MD		Date of Receipt MM / DD / YYYY 08 / 04 / 2010
Mailing Address Slocum Orthopedics 55 Coburg Rd		Transaction ID: AFD162D77E9EE4D38A34
City Eugene	State OR	
Zip Code 97401-2433		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Slocum Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Rosemarie M. Morwessel, MD		Date of Receipt MM / DD / YYYY 08 / 04 / 2010
Mailing Address 28 Country Club Rd		Transaction ID: A81463FBE31764980B44
City Mobile	State AL	
Zip Code 36608-2357		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Azalea Orthopaedics & Sports M	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Jack Wayne Pennington, MD		Date of Receipt MM / DD / YYYY 08 / 04 / 2010
Mailing Address 250 Summit Way		Transaction ID: AE437C8C9C3134E68A40
City Blairsville	State GA	
Zip Code 30512-4691		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Karolyn M. Senica, MD	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 2205 Palo Alto Dr	Transaction ID: A7DC12B06538745B9897
	City State Zip Code Springfield IL 62711-9672	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Orthopaedic Center Of Illinois Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kipling P. Sharpe, MD	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 2940 E. Banner Gateway Dr Suite 20	Transaction ID: A1B8C766C28C2426D874
	City State Zip Code Gilbert AZ 85234-2171	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OSNA Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Gregory G. White, MD	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 2052 Breckenridge Dr	Transaction ID: AA94314CC690A4B2CB98
	City State Zip Code Mount Juliet TN 37122-6305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Brian R. Wolf, MD		Date of Receipt MM / DD / YYYY 08 / 04 / 2010		
	Mailing Address 66 Crabapple Ct		Transaction ID: A4CB5A50ED4B24FCC8E0		
	City Iowa City	State IA	Zip Code 52246-9407	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Of Iowa	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) David J. Zehr, MD		Date of Receipt MM / DD / YYYY 08 / 04 / 2010		
	Mailing Address 4029 Buena Vista		Transaction ID: AEF2C4E31B81243F79DC		
	City Dallas	State TX	Zip Code 75204-7803	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lankford Hand Surgery	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

C.	Full Name (Last, First, Middle Initial) Robert H. Falender, MD		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 10419 Trewithen Ln		Transaction ID: A496246E247D24ADF9B0		
	City Carmel	State IN	Zip Code 46032-8247	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ortho Indy	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
W. Benjamin Kibler, MD

Mailing Address 700 Bob-O-Link Dr

City Lexington State KY Zip Code 40504

FEC ID number of contributing federal political committee. **C**

Name of Employer Lexington Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2010
Transaction ID: A82186AF5CEE94771BCC
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Leo K. Ludwig, MD

Mailing Address 2200 Wiggins Ave

City Springfield State IL Zip Code 62704-4376

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Center Of Illinois Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2010
Transaction ID: A460025FD5E5A4A3E95F
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
William Kemp Montgomery, MD

Mailing Address 6309 Whittier Dr

City Plano State TX Zip Code 75093-6141

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2010
Transaction ID: A55C6308B895846E1B84
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
James M. Retmier, MD
 Mailing Address 714 N. College Rd Suite A
 City State Zip Code
Twin Falls ID 83301-5812
 Date of Receipt
MM / DD / YYYY
08 / 17 / 2010
Transaction ID: AC5A8A489D7E3428FAD8
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
St Lukes Intermountain Ortho Clinic Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Martin Shelton Tullus, MD
 Mailing Address 4011 Talbot Rd S. Suite 300
 City State Zip Code
Renton WA 98055-5791
 Date of Receipt
MM / DD / YYYY
08 / 17 / 2010
Transaction ID: AA0A8E302D36441FEB5
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Proliance Surgeons Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Charles Engh, Jr., MD
 Mailing Address 1401 Greenwood Pl
 City State Zip Code
Alexandria VA 22304-1604
 Date of Receipt
MM / DD / YYYY
08 / 19 / 2010
Transaction ID: A819D02CB3DFE4E6791E
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Anderson Clinic Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) William Ritchie		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address POB 4252		Transaction ID: AA19690103AC545998E1
City Albuquerque	State Zip Code NM 87196-4252	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopedic Associates	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Joseph C. DiRaimondo, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1636 Miriam Rd		Transaction ID: A4C6E5CC2352D41F9BC1
City Manitowoc	State Zip Code WI 54220-1843	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Warren G. Kramer, III, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1401 Avocado Ave Suite 307		Transaction ID: A2C8276F8E9DE4A0782F
City Newport Beach	State Zip Code CA 92660-8732	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Craig Hunter Lovett, MD	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 585 Stanislaus St Suite A	Transaction ID: A0DAE2A7545524348866
	City State Zip Code Angels Camp CA 95222-9355	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B.	Full Name (Last, First, Middle Initial) John H. Lyon, MD	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 25393 W. Scott Rd	Transaction ID: AFE4FDD87F0A244CD87C
	City State Zip Code Barrington IL 60010-2422	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Orthopaedic Surgery Specialists, Ltd	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Marc I. Malberg, MD	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1527 State Hwy 27 Suite 1300	Transaction ID: AF122CCBC42E9466BA35
	City State Zip Code Somerset NJ 08873-3905	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) J. Chris Osgood, MD	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1720 S. Karl Johan Ave	Transaction ID: A9932EA03DDD64EE8827
	City State Zip Code Tacoma WA 98465-1224	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Group Health	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) K. Daniel Riew, MD	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 660 S. Euclid Ave Cb 8233	Transaction ID: ACBA1E0503C1A4F7CAEA
	City State Zip Code Saint Louis MO 63110-1010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Washington University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Brian J. Galinat, MD	Date of Receipt MM / DD / YYYY 09 / 04 / 2010
	Mailing Address 1941 Limestone Rd	Transaction ID: A4D45E94C12DE4E1391C
	City State Zip Code Wilmington DE 19808-5408	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Kenneth J. Edwards, MD
 Mailing Address 368 Ridgeway St
 City State Zip Code
 Saint Joseph MI 49085-1051
 Date of Receipt
 M M / D D / Y Y Y Y
 09 08 2010
Transaction ID: AF335E19FFDA74E2D9C1
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Michigan Center of Orthopaed
 Occupation Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
Penny J. Lawin, MD
 Mailing Address 131 Royal Lytham
 City State Zip Code
 Jackson MS 39211-2516
 Date of Receipt
 M M / D D / Y Y Y Y
 09 08 2010
Transaction ID: A85685459D8854034B01
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ms Sports Medicine
 Occupation Physician/Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
James R. Leonard
 Mailing Address 547 Kickapoo Circle
 City State Zip Code
 Loveland OH 45140-9143
 Date of Receipt
 M M / D D / Y Y Y Y
 09 09 2010
Transaction ID: AA365366F6D8B4930B80
 Amount of Each Receipt this Period
 2000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Consultants of Cincinnati
 Occupation Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Cassim Igram, MD		Date of Receipt MM / DD / YYYY 09 / 11 / 2010		
	Mailing Address 1755 NW 130th Street		Transaction ID: A376F0E7837F345098D1		
	City Clive	State IA	Zip Code 50325-7435	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Lawrence Berson, MD		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 71 Arlen Way		Transaction ID: A8EA376BA3EA94DD8AF5		
	City West Hartford	State CT	Zip Code 06117-1104	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MOS,PC	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00			

C.	Full Name (Last, First, Middle Initial) Julius Stephen Brecht, MD		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 25 Chatham Rd		Transaction ID: A88CBD4452F48471D837		
	City Longmeadow	State MA	Zip Code 01106-1203	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New England Ortho Surgeons	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
David Reese Hicks, MD

Mailing Address 6585 S. Yale Suite 200

City State Zip Code
Tulsa OK 74136-8315

FEC ID number of contributing federal political committee. **C**

Name of Employer CSOS, Inc Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: A9656D623026E431BA15

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Joshua J. Jacobs, MD

Mailing Address 2407 Pomona Ln

City State Zip Code
Wilmette IL 60091-2277

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Orthopaedics At Rush Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: AE8649FBB7FB44792A31

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Peter A. Looby, MD

Mailing Address 810 E. 23rd St

City State Zip Code
Sioux Falls SD 57105-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: AF1F5A1F6BDE747DD9C2

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Steven S. Louis, MD
Mailing Address 222 E. 6th St
City Hinsdale State IL Zip Code 60521-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer Hinsdale Orthopaedic Associate Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 13 / 2010
Transaction ID: A87338EF4833E47DCBDE
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
James W. Maxey, MD
Mailing Address 13004 N. Georgetown Rd
City Dunlap State IL Zip Code 61525-9470
FEC ID number of contributing federal political committee. **C**
Name of Employer Great Plains Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 13 / 2010
Transaction ID: ABCD90E4C742743C08F1
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Daniel J. Nagle, MD
Mailing Address 737 N. Michigan Ave Suite 700
City Chicago State IL Zip Code 60611-6662
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 09 / 13 / 2010
Transaction ID: AF799EF0436CE4220A31
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Gerald J. Ortiz, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2010		
	Mailing Address 5010 State Hwy 30 Suite 205		Transaction ID: AA3429C3C8B784ADBA08		
	City Amsterdam	State NY	Zip Code 12010-7532	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Brereton B Strafford, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2010		
	Mailing Address 17 Lummi Key		Transaction ID: AD99E494972A84159AA5		
	City Bellevue	State WA	Zip Code 98006-1015	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Arthur L. Valadie, III, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2010		
	Mailing Address 526 56th St		Transaction ID: A4902177C89504865A31		
	City Holmes Beach	State FL	Zip Code 34217-1528	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coastal Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Donald J. Zoltan, MD		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 3033 W. Layton Ave #102		Transaction ID: AD8FC402ED80C439CB35		
	City Greenfield	State WI	Zip Code 53221-2628	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sports Med & Ortho Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) David M. Ashkenaze, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 5 Via Las Rosas		Transaction ID: ABB587FD6F6D3422E80C		
	City Laguna Niguel	State CA	Zip Code 92677-5500	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Robert J. Benz, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 2107 Linden Lake Road		Transaction ID: A5AF01322B055453982A		
	City Fort Collins	State CO	Zip Code 80524-5016	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ortho & Spine Ctr of Rockies	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Oren G. Blam, MD
 Mailing Address 7654 Midtown Rd
 City State Zip Code
 Fulton MD 20759-2513
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2010
Transaction ID: A27DC9D1AD3604F9B997
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates of Central Mary Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Harold S. Boyd, MD
 Mailing Address 4800 Hh Rd NW
 City State Zip Code
 Salem OR 97304
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2010
Transaction ID: A07DB8EDCB4F6437F96D
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Bradd Burkhardt, MD
 Mailing Address 1117 Burnside Dr
 City State Zip Code
 Asheville NC 28803-3234
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2010
Transaction ID: A74E2487DB94C4840A14
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Ridge Bone & Joint Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Earl Victor Carlson, MD

Mailing Address 2747 A Colonial St

City State Zip Code
Hays KS 67601-1805

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: ABF1E51D8145A42DE85F

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Abhinav Bobby Chhabra, MD

Mailing Address 2108 Piper Way

City State Zip Code
Keswick VA 22947-9164

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Virginia Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A948B729ABA6A4EFAB82

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Bryan T. Edwards, MD

Mailing Address 13518 Robert Walker Drive

City State Zip Code
Davidson NC 28036-6008

FEC ID number of contributing federal political committee. **C**

Name of Employer Novant Health Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A00A4304C205A48B09D2

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Mark E. Fahey, MD

Mailing Address 3017 O'Brien Dr

City State Zip Code
Tallahassee FL 32309-2752

FEC ID number of contributing federal political committee. **C**

Name of Employer Tallahassee Orthopedic Clinic
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: AACB50625EAE84BBC82D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bruce S. Fletcher, MD

Mailing Address 5901 Colonial Dr Suite 201

City State Zip Code
Margate FL 33063-5683

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Broward Orthopedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: A6B69CB152F404F2A9D9

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William D. Fritz, MD

Mailing Address 357 Camp Wilbea Rd

City State Zip Code
Franklin PA 16323-7417

FEC ID number of contributing federal political committee. **C**

Name of Employer Center for Bone & Joint Surgery
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: A1FD4EF83275E494EAC1

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Vincent P. Genovese, MD

Mailing Address 400 Burkley Dr

City Greenville State KY Zip Code 42345-2106

FEC ID number of contributing federal political committee. **C**

Name of Employer Myhlenbeurg Community Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2010

Transaction ID: A6082E364DC3B4F49A09

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dennis H. Gordon, MD

Mailing Address PO Box 17290

City Salt Lake City State UT Zip Code 84117-0290

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2010

Transaction ID: AC79EFAF260A4402C884

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
James J. Hamilton, MD

Mailing Address 8736 Cherokee Ct

City Leawood State KS Zip Code 66206-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer University Physician Associate Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 14 / 2010

Transaction ID: A794E48B5D8C44C70B52

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
David M. Henneghan, MD

Mailing Address 2111 Shadow View Circle

City State Zip Code
Plover WI 54467-2943

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Klasinski Clinic Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: AAA20D7250E9A46F29FF

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Robert K. Henrichsen, MD

Mailing Address 13000 Big Sky Place

City State Zip Code
Auburn CA 95602-9151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: A4949CA04DE0D4F24863

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Harry N. Herkowitz, MD

Mailing Address Medical Office Bldg
3535 W 13 Mile Rd Ste 744

City State Zip Code
Royal Oak MI 48073-6770

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: ACD67BA6F65014A77882

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
William A. Herndon, MD

Mailing Address 2109 Worthington Ln

City State Zip Code
Edmond OK 73013-6517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Oklahoma Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A09BFA1C3A1D94D41B5A

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Regina O. Hillsman, MD

Mailing Address 1183 New Haven Rd

City State Zip Code
Naugatuck CT 06770-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: AA3C5E843AC9D41D99D9

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Raymond L. Horwood, MD

Mailing Address 24723 Detroit Rd

City State Zip Code
Westlake OH 44145-2526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: AF02A11A4F54B4400BBF

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
John Paul Houde, MD

Mailing Address 241 Elm St

City State Zip Code
Claremont NH 03743

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Regional Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: AAE1CA6A5C7DC40A7A4D

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David J. Howe, MD

Mailing Address 5473 Summer Hill Ln

City State Zip Code
Winston Salem NC 27106-4497

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: AB0A04AEBE31F4341B7C

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William John Jason, MD

Mailing Address 120 Medical Blvd Suite 109

City State Zip Code
Spring Hill FL 34609-0221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: AC22F3FD1685E4E9B8CC

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

George S. Kappakas, MD

Mailing Address 328 Shalimar Ct

City State Zip Code
Monroeville PA 15146-4358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pittsburgh Bone & Joint Orthopaedic Surgeon
Clinic

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A8FB8B67C098D45B7B87

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Douglas W. Kiburz, MD

Mailing Address 5075 Hwy Y

City State Zip Code
Sedalia MO 65301-8994

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: ABAB93819F267454B9F6

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Scott G. Kleiman, MD

Mailing Address 1216 Timberland Dr

City State Zip Code
Marietta GA 30067-5123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: AC1825AF992C94EB7BCF

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Don A. Kovalsky, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010	
Mailing Address 4121 Veterans Memorial Dr		Transaction ID: A705232A71B2A40D091F	
City Mount Vernon	State IL	Zip Code 62864-6262	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer James C Chow, MD, Ltd	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

B.

Full Name (Last, First, Middle Initial) Michael Lastihenos, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010	
Mailing Address 10 Norman Ct		Transaction ID: A49774357DB6B466F895	
City Dix Hills	State NY	Zip Code 11746-5812	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Suffolk Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

C.

Full Name (Last, First, Middle Initial) Alan G. Lewis, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010	
Mailing Address 11510 S. Granite Ave		Transaction ID: AD149F6B828A94786A92	
City Tulsa	State OK	Zip Code 74137-7763	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Oklahoma Orthopaedic C	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Donald M. Lewis, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 216 Harrington Ct		Transaction ID: A83B3F4D35DF34922AD3
City Alamo	State Zip Code CA 94507-1491	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Joel W. Lubin, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 2007 Arena Dr		Transaction ID: AC43393A8D52344B68C2
City Davis	State Zip Code CA 95618-6754	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sutter West Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Michael Alan MacKay, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address Orthopaedic Surgeons of Oak Ridge 90 Vermont Ave Ste 300		Transaction ID: A24779727C88A43A9BC2
City Oak Ridge	State Zip Code TN 37830-6478	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ortho Tennessee	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
John H. Mahon, MD

Mailing Address 8602 N. Cardinal Dr

City Phoenix State AZ Zip Code 85028-6102

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2010
Transaction ID: A01CB33710AF04D51A21
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Thomas Wendell Marshall, MD

Mailing Address 940 N. Marr Suite C

City Columbus State IN Zip Code 47201-2610

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Indiana Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2010
Transaction ID: AD0679C1C38544BDAB80
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Robert Scott Meyer, MD

Mailing Address 4336 Hill St

City San Diego State CA Zip Code 92107-4117

FEC ID number of contributing federal political committee. **C**

Name of Employer Veterans Administration Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2010
Transaction ID: A00D2216168864F8B9C5
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Michael G. Miller, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 913 Mimosa Dr		Transaction ID: A645601617AAF42C285F		
	City Vacaville	State CA	Zip Code 95687-7700	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Us Military		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Lawrence S. Miller, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 50 Indian Spring Rd		Transaction ID: AC53A806DC6F5487BB0E		
	City Media	State PA	Zip Code 19063-1818	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cooper University Physicians		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) James A. Moore, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 425 E. 63rd St W2d		Transaction ID: A8D20DE36DC4C47E8821		
	City New York	State NY	Zip Code 10065-7821	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lincoln Hospital		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Joseph E. Mumford, MD
Mailing Address 3110 Briarwood Ct
City State Zip Code
Topeka KS 66611-1810
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Kansas Ortho & Sports Med Orthopaedic Surgeon
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010
Transaction ID: ABCAC4B81EE4C45D3977
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Fred C. Redfern, MD
Mailing Address 600 Whitney Ranch Dr Suite D22
City State Zip Code
Henderson NV 89014-2632
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Orthopaedic Surgeon
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010
Transaction ID: A16F22AEC07CD4C14AF7
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Leland Edgar Rogge, MD
Mailing Address 3042 E. Laurelhurst Dr NE
City State Zip Code
Seattle WA 98105-5331
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Medical Evaluation Specialists Orthopaedic Surgeon
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010
Transaction ID: A85704558FD6D4285BD9
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) David W. Shenton, Jr, MD	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 3134 Sycamore Ln	Transaction ID: AFDF7365B965944D6A76
	City State Zip Code Billings MT 59102-0524	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Daniel E. Sullivan, DO	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 7447 W. Talcott Ave Suite 500	Transaction ID: A532933710FCE4EB1ABD
	City State Zip Code Chicago IL 60631-3716	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NW Ortho & Sports Medicine Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Brian A. Torre, MD	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 5876 Elena Vista Dr	Transaction ID: A72A334BC36EF4165BA1
	City State Zip Code Roanoke VA 24018-7886	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lewis Gale Physicians Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Joseph E. Trader, MD

Mailing Address 1021 Memorial Dr

City State Zip Code
Manitowoc WI 54220-2242

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopaedic Assoc of Manitowoc
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: AEFD08357F37A44D6B0C

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Steven Tradonsky, MD

Mailing Address 7485 Mission Valley Rd #104

City State Zip Code
San Diego CA 92108-4422

FEC ID number of contributing federal political committee. **C**

Name of Employer: California Orthopaedic Institute
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: A0B1A033EB607483AB2D

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Scott W. Trenhaile, MD

Mailing Address 12235 Bellingham Rd

City State Zip Code
Caledonia IL 61011-9116

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Orthopaedic Associate
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: AFF4DDB6611AB41B1AE9

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Norman Verhoog, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 3389 Harlan Dr		Transaction ID: A28805ED51E824FDFBBC		
	City Redding	State CA	Zip Code 96003-3318	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) James John Verner, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 23075 Nottingham		Transaction ID: A27D80CA3664D48938D5		
	City Beverly Hills	State MI	Zip Code 48025-3416	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Gregory A. Vrabc, MD		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 579 White Tail Ridge Dr		Transaction ID: AB76517DA64A64133A36		
	City Fairlawn	State OH	Zip Code 44333-3285	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Stephen C. Weber, MD

Mailing Address 2801 K St Suite 310

City State Zip Code
Sacramento CA 95816-5119

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A5C8D9C502C16427EB60

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Galen Andre Weiss, MD

Mailing Address 9 Dunbridge Ct

City State Zip Code
Glen Carbon IL 62034-1564

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A906B246C27F0476891B

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David A. Wolff, MD

Mailing Address 5663 Ashbourne Ln

City State Zip Code
Fitchburg WI 53711-6966

FEC ID number of contributing federal political committee. **C**

Name of Employer Dean Health Systems Occupation
Dean Health Systems Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: A253BD0144A8C4B4FBA9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Henry A. Backe, Jr, MD

Mailing Address 75 Kings Hwy Cutoff Suite 100

City State Zip Code
Fairfield CT 06824-5340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OSG Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A2C76C8A382D64462AA5

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Frank L. Barnes, MD

Mailing Address 3117 Avalon Place

City State Zip Code
Houston TX 77019-5905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A7E3CD04D00BC42EB90B

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)

Brian Jeffrey Bear, MD

Mailing Address 324 Roxbury Rd

City State Zip Code
Rockford IL 61107-5090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Orthopedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A609488B77A7A4F268EB

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ►

900.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Carl E. Becker, MD		Date of Receipt
	Mailing Address 9 Southview Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	Liitz	PA	17543-8206
	FEC ID number of contributing federal political committee. C		Transaction ID: A7A5566C7E69A4AB487A
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	

B.	Full Name (Last, First, Middle Initial) Robert J. Bercik, MD		Date of Receipt
	Mailing Address 1445 Raritan Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	Clark	NJ	07066-1230
	FEC ID number of contributing federal political committee. C		Transaction ID: A8EFDA9B81E5B4488B18
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Joseph I. Bernstein, MD		Date of Receipt
	Mailing Address 17 San Andreas Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	San Francisco	CA	94127-2027
	FEC ID number of contributing federal political committee. C		Transaction ID: A057E765B42A940B1A70
Name of Employer Retired		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Benjamin E. Bierbaum, MD

Mailing Address 54 Fernwood Rd

City

Chestnut Hill

State

MA

Zip Code

02467-2907

FEC ID number of contributing federal political committee.

C

Name of Employer
Longwood Orthopaedic Associate

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 15 / 2010

Transaction ID: A724BF278EE8B4C2D9D1

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher P. Chiodo

Mailing Address 7 Bramel Circle

City

Walpole

State

MA

Zip Code

02081-2043

FEC ID number of contributing federal political committee.

C

Name of Employer
Brigham and Women's Hospital

Occupation
Orthopedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 15 / 2010

Transaction ID: AB7E95BF93F1D42A4A63

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Craven, MD

Mailing Address 7395 S. 26th West Ave

City

Tulsa

State

OK

Zip Code

74132-2219

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
09 / 15 / 2010

Transaction ID: A8AE06D0DE6AE44A1A86

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Robert L. Dickey, MD

Mailing Address 1166 Elmwood Dr

City State Zip Code
Abilene TX 79605-3935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **300.00**

Date of Receipt

09 / 15 / 2010

Transaction ID: A7BA7FE8D2AFA4F049EB

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Anthony J. DiStasio, II, MD

Mailing Address 2944 Bruce Station

City State Zip Code
Chesapeake VA 23321-4256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sentara Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

09 / 15 / 2010

Transaction ID: A0A65C0AF4C5C4833840

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

J. Wendell Duncan, MD

Mailing Address 3650 J Dewey Gray Cir

City State Zip Code
Augusta GA 30909-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Augusta Ortho & Sports Med Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt

09 / 15 / 2010

Transaction ID: A0E0DC7C91725413DA62

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
John Z. Edwards, MD

Mailing Address 1777 Lambs Rd

City State Zip Code
Charlottesville VA 22901-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Martha Jefferson Hospital Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: AE49271949A754A31978

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Mark A. Frankle, MD

Mailing Address 13020 Telecom Pkwy N.

City State Zip Code
Temple Terrace FL 33637-0925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florida Ortho Institute Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: A1AD4FC6E980B480980F

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Gary K. Frykman, MD

Mailing Address 30523 Los Altos Dr

City State Zip Code
Redlands CA 92373-7423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: A3355441C186C40B0AC6

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
David M. Gonzalez, MD

Mailing Address 11 Bridgenorth Ln

City San Antonio State TX Zip Code 78218-6056

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: A846EFC80956B42B4995
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert A. Gurtler, MD

Mailing Address 2192 Wagon Trail Rd

City White Heath State IL Zip Code 61884-9314

FEC ID number of contributing federal political committee. **C**

Name of Employer Carle Clinic Assoc Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: AEFC86B4C2F474811BC0
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Andrew P. Gutow, MD

Mailing Address 795 El Camino Real

City Palo Alto State CA Zip Code 94301-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer Palo Alto Orthopaedics Medical Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2010
Transaction ID: A1D9228EBEFD340AB89D
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) John H. Healey, MD, FACS		Date of Receipt
	Mailing Address 1275 York Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	New York	NY	10065-6007
	FEC ID number of contributing federal political committee. C		Transaction ID: A778B775856734EC0B0C
Name of Employer Memorial Hospital		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Mark C. Hermann, MD		Date of Receipt
	Mailing Address 428 Maple Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	Danville	VA	24541-3532
	FEC ID number of contributing federal political committee. C		Transaction ID: AC4CAF55D9B0E408A9A8
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Regina O. Hillsman, MD		Date of Receipt
	Mailing Address 1183 New Haven Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	Naugatuck	CT	06770-5033
	FEC ID number of contributing federal political committee. C		Transaction ID: AFF6D6B2FC1E64F99BCF
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Stanley G. Hopp, MD

Mailing Address 2018 Fransworth Dr

City Nashville State TN Zip Code 37205-2700

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Ortho Alliance Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: A842C0ABE3D98432889C
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Stephen S. Hurst, MD

Mailing Address 618 Gloucester Ln

City Foster City State CA Zip Code 94404-3615

FEC ID number of contributing federal political committee. **C**

Name of Employer San Mateo Orthopaedic Gro-up Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: A254311BEC5D45008C6
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Vincent Iacono, MD

Mailing Address PO Box 30

City Stoughton State MA Zip Code 02072-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Care Specialis-ts Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2010
Transaction ID: AF278F37C9C6A4E65ABC
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Ramon L. Jimenez, MD

Mailing Address 71 Corral De Tierra Rd

City State Zip Code
Salinas CA 93908-9474

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: AA57DE331C2004A81BB2

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Thomas J. Kane, III, MD

Mailing Address 550 S Beretania St Suite 402

City State Zip Code
Honolulu HI 96813-2496

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: A63C15FA800C84163955

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
John O. Krause, MD

Mailing Address 14 Roclare Ln

City State Zip Code
Saint Louis MO 63131-1129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Ortho Ctr of St Louis Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: A8458E7A55ED84901B4D

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Stefan Kreuzer, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 431 Pinehaven Dr		Transaction ID: AF8CDEAFC5E584083B19		
	City Houston	State TX	Zip Code 77024-3724	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Memorial Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 2000.00		

B.	Full Name (Last, First, Middle Initial) Edward B. Krisiloff, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 103 Carriage Trl		Transaction ID: A8DC21593E8424F95849		
	City Belle Mead	State NJ	Zip Code 08502-4910	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) John S. Kristoferson, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 912 Chiquita		Transaction ID: AE50B5744A41344EAA7F		
	City Denton	State TX	Zip Code 76205-8316	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Frederick R. Lemley, MD

Mailing Address 7783 Rolling Ridge Dr

City State Zip Code
Manlius NY 13104-9657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Syracuse Orthopedic Specialist Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A429B6D20B4704801A94

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)

Isador H. Lieberman, MD, MBA, F

Mailing Address 6020 W. Parker Rd Suite 200

City State Zip Code
Plano TX 75093-8172

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Back Institute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A5FDC89FA61044D76998

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)

Norman B. Livemore, III, MD

Mailing Address 120 La Casa Via Suite 206

City State Zip Code
Walnut Creek CA 94598-3007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1225.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: AB5656A27A8DD43BE881

Amount of Each Receipt this Period
975.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Paul A. Manner, MD		Date of Receipt
	Mailing Address 2222 78th Ave SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Mercer Island	WA	98040-2125
	FEC ID number of contributing federal political committee.		Transaction ID: A5D5AFF14D14246F6856
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer University of Washington		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Gregory A. Mencia, MD		Date of Receipt
	Mailing Address 906 Riverbend Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Nashville	TN	37221-4370
	FEC ID number of contributing federal political committee.		Transaction ID: A626CA6F0C00046B8921
		Amount of Each Receipt this Period	<input type="text"/> 375.00
Name of Employer Vanderbilt University		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 625.00

C.	Full Name (Last, First, Middle Initial) Clifford D. Merkel, MD		Date of Receipt
	Mailing Address 1524 Elizabeth St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Redlands	CA	92373-7019
	FEC ID number of contributing federal political committee.		Transaction ID: A7D816BC771484D5B9C3
		Amount of Each Receipt this Period	<input type="text"/> 125.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Robert Allen Mileski, MD		Date of Receipt
	Mailing Address 8555 E. Voltaire		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Scottsdale	AZ	85260-4143
	FEC ID number of contributing federal political committee. C		Transaction ID: A69CF74E59C9A4D33B8F
Name of Employer Phoenix Orthopedic Group		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Richard Lerverne Nutt, MD		Date of Receipt
	Mailing Address 501 Hunters Run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Demorest	GA	30535-4624
	FEC ID number of contributing federal political committee. C		Transaction ID: AE1EE59A3C5CC4346914
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) David M. Oster, MD		Date of Receipt
	Mailing Address 5290 S. Geneva Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Englewood	CO	80111-6203
	FEC ID number of contributing federal political committee. C		Transaction ID: A5F70325CB8B848B2AE5
Name of Employer Denver-Vail Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 150.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Richard Lee Parker, MD

Mailing Address 6 Dowling Ct

City State Zip Code
Old Westbury NY 11568-1220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Nassau Ortho Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: AEE62BDB84ED7441C96C

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Brian S. Parsley, MD

Mailing Address 6620 Main St Suite 1325

City State Zip Code
Houston TX 77030-2332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baylor College of Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A0E34DBF204454F248A4

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
John H. Pelozo, MD

Mailing Address 3112 Kennison Ct

City State Zip Code
Plano TX 75093-3451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: AD2B99F86CFDE4A57AC7

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1375.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Steve A. Petersen, MD
Mailing Address 110 Croydon Rd
City Baltimore State MD Zip Code 21212-3301
FEC ID number of contributing federal political committee. **C**
Name of Employer Johns Hopkins Medical Center Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00
Date of Receipt 09 / 15 / 2010
Transaction ID: A4D466E1B3ADB4ED9AAF
Amount of Each Receipt this Period 375.00

B. Full Name (Last, First, Middle Initial)
Michael Edward Pollack, MD
Mailing Address 6 Sand Hill Rd Suite 102
City Flemington State NJ Zip Code 08822-4946
FEC ID number of contributing federal political committee. **C**
Name of Employer Hunterdon Ortho Institute Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 09 / 15 / 2010
Transaction ID: AB4993055FCCC456CAC6
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Anca Popa, MD
Mailing Address 115 River Rd Suite 825
City Edgewater State NJ Zip Code 07020-1000
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 15 / 2010
Transaction ID: A025241815BA447BD9C2
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 1525.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Stefan Alexander Prada, MD

Mailing Address 12326 Tarpon Springs Rd

City Odessa State FL Zip Code 33556-5654

FEC ID number of contributing federal political committee. **C**

Name of Employer Laser Spine Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: AE9D793BF3A854417BBA

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
James J. Purtill, MD

Mailing Address 651 Darby Paoli Rd

City Villanova State PA Zip Code 19085-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 15 / 2010
Transaction ID: AB12FAE6C36484779BC0

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Karl E. Rathjen, MD

Mailing Address Dept Of Orthopaedics
2222 Welborn St

City Dallas State TX Zip Code 75219-3924

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Scottish Rite Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 15 / 2010
Transaction ID: A0E30D89BDE84400F93D

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Eric R. Ritchie, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 7314 Steeple Course		Transaction ID: A202DDD2B65E34A01AF8		
	City San Antonio	State TX	Zip Code 78256-1607	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer U.S. Air Force		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) William P. Rix, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 55 Audubon Way		Transaction ID: A0DCF6565D64B40F18F3		
	City Auburn	State NH	Zip Code 03032-3109	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NH Orthopaedic Surgery		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Richard A. Rosa, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 16 Fairfield Dr		Transaction ID: AEBDC3C4B5C744E479A9		
	City Short Hills	State NJ	Zip Code 07078-1703	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advanced Orthopaedic Centers		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Craig H. Rosen, MD
 Mailing Address 1802 Champlain Dr
 City State Zip Code
 Voorhees NJ 08043
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2010
Transaction ID: AF62AF6D9CEAD4823AE4
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

B. Full Name (Last, First, Middle Initial)
Scott P. Schemmel, MD
 Mailing Address 1160 Pamela Ct
 City State Zip Code
 Dubuque IA 52003-8728
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2010
Transaction ID: AFA5A2B065EB846588C3
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Associates Clinic Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
Gary M. Schniegenberg, MD
 Mailing Address 1982 Rd P1
 City State Zip Code
 Bluffton OH 45817-9304
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2010
Transaction ID: A34AE5BB3E85E48659C3
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedic Institute of Ohio Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Thomas Griffin Taylor, MD

Mailing Address 3824 Holly Ridge Dr

City State Zip Code
Longview TX 75605-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: AB4C2E02F9BFE496B9B7

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Edward A. Toriello, MD

Mailing Address 84-21 Midland Pkwy

City State Zip Code
Jamaica NY 11432-2218

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A413D2FBC259A4057A19

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Steven J. Triantafyllou, MD

Mailing Address 1855 Powder Mill Rd

City State Zip Code
York PA 17402-4723

FEC ID number of contributing federal political committee. **C**

Name of Employer OSS Orthopaedics Occupation
OSS Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: A225846231A7A4482972

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Hans Robert Tuten, MD
 Mailing Address 2806 Rams Crossings
 City Richmond State VA Zip Code 23236
 Date of Receipt 09 / 15 / 2010
Transaction ID: A67FEC25517124C1DA72
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Tuckahoe Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1050.00

B. Full Name (Last, First, Middle Initial)
George B. Verghese, MD
 Mailing Address 1385 E. 3130 N. Rd
 City Chebanse State IL Zip Code 60922-8111
 Date of Receipt 09 / 15 / 2010
Transaction ID: A796CC3DE5865446DB42
 Amount of Each Receipt this Period 375.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 375.00

C. Full Name (Last, First, Middle Initial)
Alan H. Wilde, MD
 Mailing Address 8542 Windsor Way
 City Broadview Heights State OH Zip Code 44147-1790
 Date of Receipt 09 / 15 / 2010
Transaction ID: AA4701CC0D0254322B42
 Amount of Each Receipt this Period 450.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Lutheran Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 900.00

SUBTOTAL of Receipts This Page (optional) ► 1075.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Eugene Michael Wolf, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 3000 California St 3rd Fl		Transaction ID: AE967FB7931874895BD4		
	City San Francisco	State CA	Zip Code 94115-2411	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sportsmed Ortho Group	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

B.	Full Name (Last, First, Middle Initial) John W. Xerogeanes, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 265 Trimble Crst NE		Transaction ID: AF18F60CAA9D647598EF		
	City Atlanta	State GA	Zip Code 30342-2489	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emory University	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey D. Yoder, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 3978 Glen Moor Way		Transaction ID: ABA91198C93AB49DE9BE		
	City Kokomo	State IN	Zip Code 46902-9400	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
David Matthew Beard, MD

Mailing Address 3000 32nd Ave South

City State Zip Code
Fargo ND 58103-6132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Multispecialty Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: A6F84CC98A6BD4A8B8C8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert William Bucholz, MD

Mailing Address 4005 Wingren

City State Zip Code
Irving TX 75062-3825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UT Southwestern Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: A85A2C2279DED4EAABD0

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ryan Cassidy, MD

Mailing Address 4890 Faulkirk Ln

City State Zip Code
Lexington KY 40515-1177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Kentucky Healthca- Orthopaedic Surgeon
re

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: A137479C21C6D4D89B5F

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 229
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Thomas W. Currey, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 3707 Kings Rd		Transaction ID: AB5D923C52F86431094B		
	City Chattanooga	State TN	Zip Code 37416-2014	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ Of Tennessee	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) Jeffrey H. DeClaire, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 555 Gray Woods Ln		Transaction ID: AC44CF57EE4DA4DA788A		
	City Lake Angelus	State MI	Zip Code 48326-1244	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Kyle F. Dickson, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 5116 Pocahontas St		Transaction ID: A18C549742DC2451FBC0		
	City Bellaire	State TX	Zip Code 77401-4912	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ Of Texas At Houston	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Terrence J. Endres, MD
Mailing Address 1655 Flowers Mill Dr
City State Zip Code
Grand Rapids MI 49525-9694
FEC ID number of contributing federal political committee. **C**
Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 16 / 2010
Transaction ID: A0ECABAEFDA1343338CA
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Jay Herman Eppinga, MD
Mailing Address 613 Lakewood Ln
City State Zip Code
Marquette MI 49855-9517
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 16 / 2010
Transaction ID: A4F24BE05A3F8462AAD6
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
John R. Frankeny, II, MD
Mailing Address 616 Bethelam Rd
City State Zip Code
Millerstown PA 17062
FEC ID number of contributing federal political committee. **C**
Name of Employer Ortho Institute of PA Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 16 / 2010
Transaction ID: AFCC2D081028B440084F
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
J. Randy Gipple, MD

Mailing Address 2195 N. Hill Rd

City Muscatine State IA Zip Code 52761-9399

FEC ID number of contributing federal political committee. **C**

Name of Employer Trinity Muscatine Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 16 / 2010
Transaction ID: A878E6C33BAC14B3FAC1

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Andrew H. Glassman, MD

Mailing Address 4882 E. Main St Suite 120

City Columbus State OH Zip Code 43213-3189

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio State University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2010
Transaction ID: AFC69C54AE8624707A8A

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
David W. Gray, MD

Mailing Address 3450 Park Hollow

City Fort Worth State TX Zip Code 76109-2549

FEC ID number of contributing federal political committee. **C**

Name of Employer Cook Childrens Physicians Net Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 16 / 2010
Transaction ID: A9D26D17197D44252A62

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Larry D. Herron, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 219 Indio		Transaction ID: A1B793615512F48AE94E		
	City Shell Beach	State CA	Zip Code 93449-1513	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Central Coast Orthopaedic Medi	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Timothy R. Heyne, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 13695 Tierra Spur		Transaction ID: A3DD96E06123D45DEABE		
	City Salinas	State CA	Zip Code 93908-9416	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) G. Brian Holloway, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 8956 Hemingway Grove Circle		Transaction ID: A5D479C6CA10140BD950		
	City Knoxville	State TN	Zip Code 37922-8087	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Knoxville Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Antoine I. Jabbour, MD

Mailing Address 5304 E. 79th St.

City State Zip Code
Tulsa OK 74136-8464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tulsa Bone & Joint Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: A47DF701D51E049E7ADD

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Kamala H. Littleton, MD

Mailing Address 10941 Falls Rd

City State Zip Code
Lutherville Timoni MD 21093-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: AA11D346278F04CC48D2

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

David E. Nonweiler, MD

Mailing Address 3129 S. Columbia Circle

City State Zip Code
Tulsa OK 74105-2329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Central States Orthopaedic Spe Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: AADAC6D944A2F42B5896

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Daryl O'Connor, MD
 Mailing Address 166 E. Lake St Unit A
 City Elmhurst State IL Zip Code 60126-5509
 Date of Receipt 09 / 16 / 2010
Transaction ID: AEEE7F120BABF4A829D8
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialist Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 375.00

B. Full Name (Last, First, Middle Initial)
Sean J. O'Donnell, MD
 Mailing Address 6 Crest Rd
 City Old Saybrook State CT Zip Code 06475-1310
 Date of Receipt 09 / 16 / 2010
Transaction ID: A79A322BBB5D94B9D83B
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middlesex Ortho Surg, Pc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial)
Thomas G. Padanilam, MD
 Mailing Address 528 Forest Lake Dr
 City Holland State OH Zip Code 43528-9028
 Date of Receipt 09 / 16 / 2010
Transaction ID: A727C68B7471144BBB4A
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toledo Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 900.00

SUBTOTAL of Receipts This Page (optional) ► 1425.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Richard H. Rothman, MD	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address Dept Of Ortho Surg 925 Chestnut St 5th Fl	Transaction ID: A45AF530937A44E86A4C
	City State Zip Code Philadelphia PA 19107-4216	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Patrick M. Sullivan, MD	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 6001 Westown Pkwy	Transaction ID: A88178BACA8A1449BAE7
	City State Zip Code West Des Moines IA 50266-7702	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DMOS Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Jonathan William Surdam, MD	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 1423 W. Eagleview Dr	Transaction ID: A26969A4C5AFA4BE6A0F
	City State Zip Code Bloomington IN 47403-9049	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orthopedics of Southern Indiana Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
William A. Tyndall, MD

Mailing Address 123 Brittany Ln

City Hollidaysburg State PA Zip Code 16648-9269

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopedic Special
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2010
Transaction ID: AAEB4B971999B4061BCD
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Veronica A. Vasicek, MD

Mailing Address 3641 Winding Wood Ln

City Lexington State KY Zip Code 40515-1284

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Grass Orthopaedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2010
Transaction ID: A721241A45943493AB3A
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
James M. Banovetz, Jr, MD

Mailing Address 3009 Pkwy Dr

City Stevens Point State WI Zip Code 54481-5082

FEC ID number of contributing federal political committee. **C**

Name of Employer Klasinski Clinic
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2010
Transaction ID: A3D0E3BC7CD7F478EBDC
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Andrew Joseph Collier, Jr, MD

Mailing Address 550 Bartram Rd

City State Zip Code
Moorestown NJ 08057-1871

FEC ID number of contributing federal political committee. **C**

Name of Employer Philadelphia Ortho Assoc Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: A1A267909C68C470BBEE

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mark Creighton, MD

Mailing Address 61 Channing Cross

City State Zip Code
Hampton Bays NY 11946-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: ABB7EE2EFDB2F4BF29D9

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Stephen C. McNeil, MD

Mailing Address 10 Hunter Ln

City State Zip Code
Canton MA 02021-1731

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Care Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: A33E44815FB5042B6B6A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Scott A. McPherson, MD		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 7088 Cahill Rd		Transaction ID: A0EEEE43CEAA0A4EF4950		
	City Minneapolis	State MN	Zip Code 55439-2035	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Park Nicollet Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) R. William Petty, MD		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 2320 NW 66th Ct		Transaction ID: A2C0A11E2936D493E975		
	City Gainesville	State FL	Zip Code 32653-1630	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Exactech, Inc	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

C.	Full Name (Last, First, Middle Initial) Peter C. Rink, DO		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 2805 E. 43rd		Transaction ID: A88D3947E62D746A8AED		
	City Davenport	State IA	Zip Code 52807-1580	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ortho & Rheumatology Associate	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Jordan Simon, MD		Date of Receipt	
	Mailing Address Orangetown Orthopedic Associates 99 Dutch Hill Rd		M M / D D / Y Y Y Y 09 / 17 / 2010	
	City	State	Zip Code	Transaction ID: A517F20E3F85A42D59EF
	Orangeburg	NY	10962-2185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Orangetown Orthopedic Ass-ociat		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Nikhil N. Verma, MD		Date of Receipt	
	Mailing Address 1756 N. Wilmot		M M / D D / Y Y Y Y 09 / 17 / 2010	
	City	State	Zip Code	Transaction ID: A6683FD4C370A4263A3D
	Chicago	IL	60647-5524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Midwest Orthopaedics At Rush		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

C.	Full Name (Last, First, Middle Initial) Lynn A. Voss, MD		Date of Receipt	
	Mailing Address 6626 Apache Ct		M M / D D / Y Y Y Y 09 / 17 / 2010	
	City	State	Zip Code	Transaction ID: AB8D73FAC14C74CE7977
	Longmont	CO	80503-8654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Boulder Orthopedics, PC		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
David J. Yasgur, MD

Mailing Address 11 Katonah Crossing Ct

City State Zip Code
Katonah NY 10536-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mount Kisco Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: AFA45ED24DC274A1784F

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Ira Singer, MD

Mailing Address 22 Intervale Road

City State Zip Code
Providence RI 02906-3734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2010

Transaction ID: AD21A253F8B744193924

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Charles H. Alexander, MD

Mailing Address 5549 Green Oak Dr

City State Zip Code
Los Angeles CA 90068-2501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: A5DCCB1DE912E4BBB801

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
John W. Anderson, MD

Mailing Address 1737 Kingsbury Ln

City Nichols Hills State OK Zip Code 73116-5313

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: AFFDF506E5C23401EB99
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
David E. Attarian, MD

Mailing Address 3 Jupiter Hills Ct

City Durham State NC Zip Code 27712-9455

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: AAE9B33ABD9F24B18822
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Gregory J. Austin, MD

Mailing Address 26 Narragansett Bay Ave

City Warwick State RI Zip Code 02889-6608

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Assoc Inc Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: A053708FC0EAE450E82A
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 229
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Jeffrey A. Baum, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 119 Eton Dr		Transaction ID: ADB726EC4CE614A4881D		
	City Pittsburgh	State PA	Zip Code 15215-1701	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UPMC	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Kent R. Biddinger, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address The Ortho Center 420 W Wackerly St		Transaction ID: A54F729CC89C2496E9DF		
	City Midland	State MI	Zip Code 48642	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) William F. Binder, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 2421 Lema Dr		Transaction ID: A74D58A7F3C2B4FBCABF		
	City Lake Havasu City	State AZ	Zip Code 86406-8235	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lakeside Orthopedic Institute	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 229		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) David Blum, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 107 Dockside Circle		Transaction ID: A4476CDA31A584F949D5		
	City Weston	State FL	Zip Code 33327-1113	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Steven J. Bruce, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 1533 Lakeway Place		Transaction ID: A92B97060F4C0421A969		
	City Bellingham	State WA	Zip Code 98229-5133	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Peace Health	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Steven L. Buckley, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 6007 Macon Ct		Transaction ID: A94FAC47A399C4CC4951		
	City Huntsville	State AL	Zip Code 35802-1931	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TOC	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Joseph J. Calandra, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 2514 Harriet's Island Ct	Transaction ID: A02A16BCDF3A2406196D
	City State Zip Code Mt Pleasant SC 29466	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Performance Consultants	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Daniel A. Caligiuri, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 16 Hickory Rd	Transaction ID: A709D844D81914DC1A24
	City State Zip Code New Hyde Park NY 11040-2326	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Constantine Charoglu, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 318 40th Place	Transaction ID: ACC5290F3684946E8845
	City State Zip Code Hattiesburg MS 39401-6620	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Southern Bone & Joint Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Patrick E. Clare, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2010		
	Mailing Address 575 S. 70th St Suite 200		Transaction ID: A12652AAEA94644F9B43		
	City Lincoln	State NE	Zip Code 68510-2471	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nebraska Orthopaedic & Sports		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Jerry D. Clark, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2010		
	Mailing Address 1495 Futura		Transaction ID: A5E2DA3CD06FD4D9F9F7		
	City Beaumont	State TX	Zip Code 77706-3411	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Beaumont Bone And Joint		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey W. Cook, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2010		
	Mailing Address 3310 Aspen Grove Dr Suite 102		Transaction ID: A81DD77CA0C4C47AA80B		
	City Franklin	State TN	Zip Code 37067-2841	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Franklin Ortho & Sports Medici		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Stephen P. Cowley, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 3425 Brookwood Trace		Transaction ID: AD11D46A41B1C40E08B0		
	City Birmingham	State AL	Zip Code 35223-2879	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopedic Specialists of Alabama		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Eugene D. DellaMaggiore, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 1214 Sierra Ave		Transaction ID: A16B75A7017404B55A9C		
	City San Jose	State CA	Zip Code 95126-2642	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Henry L. Eiserloh, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 828 Woodleigh Dr		Transaction ID: A4D3DFBC5B5FF40B8AD2		
	City Baton Rouge	State LA	Zip Code 70810-5332	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baton Rouge Ortho Clinic		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Stephen Paul Falatyn, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 362 Little Creek Dr	Transaction ID: A5FF598B1EC6C47AB8C0
	City State Zip Code Nazareth PA 18064-8575	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OAA Orthopedic Specialists Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) John P K. Featheringill, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 3608 Grand Rock Ln	Transaction ID: AAF0CBB308E294824986
	City State Zip Code Birmingham AL 35223-1676	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Orthopedic Specialists of Alabama Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Douglas Bentley Freedberg, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 6818 E. Valley Vista Ln	Transaction ID: A16ED97CF1BF3434092A
	City State Zip Code Paradise Valley AZ 85253-5349	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Craig W. Goodhart, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 2708 Creek View Dr		Transaction ID: A6C1C46CE3F78429A9F2		
	City Lewisville	State TX	Zip Code 75022-5675	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) John Joseph Greco, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 4509 Colewood Circle		Transaction ID: A5057FB350BFC403C99F		
	City Huntsville	State AL	Zip Code 35802-1887	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Orthopaedic Centers	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) R. Bryan Griffith, Jr, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 8080 Bluebonnet Blvd Suite 1000		Transaction ID: AD00ED1FCC4F94938BEA		
	City Baton Rouge	State LA	Zip Code 70810-7827	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baton Rouge Orthopaedic Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Sigvard T. Hansen, Jr, MD
 Mailing Address 2563 Magnolia Blvd West
 City State Zip Code
Seattle WA 98199-3631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
University of Washington Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 0 / 2 0 1 0
Transaction ID: AD7EAFAFB701B4AB4BD9
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mary Haus, MD
 Mailing Address 4050 Briarwood Dr
 City State Zip Code
Jeannette PA 15644-4054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Ohio Valley Medical Center Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 0 / 2 0 1 0
Transaction ID: A242983579F2C4C17BA0
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Thomas John Haverbush, MD
 Mailing Address 315 E. Warwick Rd Suite A
 City State Zip Code
Alma MI 48801-1083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self Employed Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 575.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 0 / 2 0 1 0
Transaction ID: A572067EF8C794F4492F
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 229
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Gregory Lane Hummel, MD

Mailing Address 15900 Ess Rd

City State Zip Code
Kansas City MO 64136-1259

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A116AA4B16EF54AE2BD8

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dolf R. Ichtertz, MD

Mailing Address 1803 W. Charles St

City State Zip Code
Grand Island NE 68803-5904

FEC ID number of contributing federal political committee. **C**

Name of Employer
Nebraska Hand & Shoulder Insti

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A6E1043F3613843028E8

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
William A. Jiranek, MD

Mailing Address 4066 Old River Tr

City State Zip Code
Powhatan VA 23139-4111

FEC ID number of contributing federal political committee. **C**

Name of Employer
Virginia Commonwealth Uni-
versi

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A3504B4CA38464C56AEF

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Eric T. Johnson, MD

Mailing Address 2 Nest Ct

City State Zip Code
Wilmington DE 19807-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer 1st State Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: AE173B05566184113BFB
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
William A. Junglas, MD

Mailing Address 820 Los Molinos Way

City State Zip Code
Sacramento CA 95864-5252

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: A0E19FB5A3182459F8DC
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Bertrand Paul Kaper, MD

Mailing Address 21 Yakashba Dr

City State Zip Code
Prescott AZ 86305-5259

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: A42C7C4552DF445AAA8C
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Danielle Katz, MD

Mailing Address 3736 W. Seneca Tpke

City State Zip Code
Syracuse NY 13215-9606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunny Upstate Orthopaedic Surgeons

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A8A35C0C52801425192D

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
J. Michael Kelbel, MD

Mailing Address 2425 Topswood

City State Zip Code
South Bend IN 46614-2465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Bend Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: AB0C5EA9A96F143AFAC9

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Matthew J. Kirsch, MD

Mailing Address 801 36th St NW

City State Zip Code
Austin MN 55912-6662

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mayo Health System Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: AA5152345356C4F8BB34

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Scott R. Luallin, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 12509 Pembroke Ln	Transaction ID: ADF47482773384A98962
	City State Zip Code Leawood KS 66209-1386	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carondelet Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Thomas R. Lyons, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1429 7th St	Transaction ID: A9C481D3E31934E0595F
	City State Zip Code New Orleans LA 70115-3320	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Orthopedic Center for Sports Medicine Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Kenneth A. Martin, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address # 5 Platt Ct	Transaction ID: A18F6273ED32A4E58BB8
	City State Zip Code Maumelle AR 72113-6553	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Martin Knee & Sports Med Ctr Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Robert Ball McGinley, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address The Orthopaedic Group P.O Box 86144	Transaction ID: A1654D1669C4740A687E
	City State Zip Code Mobile AL 36689-6144	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Orthopaedic Group Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Steven M. Mulawka, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1555 Northway Dr	Transaction ID: A0CF4242FC38847ED914
	City State Zip Code Saint Cloud MN 56303-4555	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Cloud Orthopaedic Associate Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Matthew C. Nadaud, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 904 Beckworth Ct	Transaction ID: A2F074E7F575F4506831
	City State Zip Code Knoxville TN 37919-7217	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ortho Tennessee Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
James Albert Nunley, II, MD

Mailing Address Box 2923
Orthopaedic Division

City Durham State NC Zip Code 27715-2923

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Medical Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 20 / 2010
Transaction ID: AA0EC5B3EC5D24F809CB
 Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Christopher W. Olcott, MD

Mailing Address 104 Dairy Glen Rd

City Chapel Hill State NC Zip Code 27516-4349

FEC ID number of contributing federal political committee. **C**

Name of Employer University of North Carolina Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010
Transaction ID: ABD3F99E613894D07A58
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
William L. Oppenheim, MD

Mailing Address 124 Outrigger Mall

City Marina Del Rey State CA Zip Code 90292-6795

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Medical Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 20 / 2010
Transaction ID: AD85BEB39D6FC46A5A53
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Anthony F. Pachelli, MD</p> <p>Mailing Address 11200 San Rafael Ave NE</p> <p>City State Zip Code Albuquerque NM 87122-2432</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation New Mexico Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 20 / 2010</p> <p>Transaction ID: AD6C1301C22B44A0E8AC</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) David N. Palmer, MD</p> <p>Mailing Address 18 W. Taylor St</p> <p>City State Zip Code Savannah GA 31401-4913</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 20 / 2010</p> <p>Transaction ID: AD1F2D9402B4E4977AAC</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Peter D. Pizzutillo, MD</p> <p>Mailing Address 926 Bowman Ave</p> <p>City State Zip Code Wynnewood PA 19096-1658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tenet Healthcare Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 20 / 2010</p> <p>Transaction ID: AE6CA0B6D232F4D96ACB</p> <p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
James N. Rentz, Jr, MD

Mailing Address 978 Hummingbird Ln

City State Zip Code
Rock Hill SC 29732-7728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carolina Orthopaedic Surgery Assoc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: AEAA6CAD6FF854FE1B57

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Alan M. Reznik, MD

Mailing Address 35 Overhill Rd

City State Zip Code
Woodbridge CT 06525-2519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Orthopaedic Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: A7D83001959894BB7AC3

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)
James W. Roach, MD

Mailing Address 1 Trimont Ln
Unit 1800

City State Zip Code
Pittsburgh PA 15211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Pittsburgh Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: AC25D2EBBF655478891A

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Alan S. Routman, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 1717 SE 9th St		Transaction ID: AB048D504CC1248E2B66		
	City Fort Lauderdale	State FL	Zip Code 33316-1415	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

B.	Full Name (Last, First, Middle Initial) Guy Leslie Rutledge, III, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address PO Box 86144		Transaction ID: A3D4B648EA4D94BED9B2		
	City Mobile	State AL	Zip Code 36689-6144	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Orthopaedic Group		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Paul Dominic Saadi, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 8126 Tory Sound Dr		Transaction ID: ADB320D09A661447B937		
	City Dallas	State TX	Zip Code 75231-1519	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dallas Bone & Joint Clinic		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Howard L. Schuele, MD

Mailing Address 32 Winston Dr

City Belleair State FL Zip Code 33756-1646

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 20 / 2010
Transaction ID: A2A72D62A3559476C8AD
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Franklin H. Sim, MD

Mailing Address 1303 Woodland Dr SW

City Rochester State MN Zip Code 55902-4226

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2010
Transaction ID: AA082504051F842A2AC8
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Daniel I. Singer, MD

Mailing Address 1380 Lusitana St Suite 615

City Honolulu State HI Zip Code 96813-2442

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Assoc of Hawaii Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 20 / 2010
Transaction ID: A11842C841387479493E
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Peter J. Stern, MD		Date of Receipt
	Mailing Address Dept Of Orthopaedic Surgery 231 Albert Sabin Way, Msb-5508		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City Cincinnati	State OH	Zip Code 45267-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: AAFD55E6480EC41ACAD3
	Amount of Each Receipt this Period		750.00
Name of Employer Univ of Cincinnati College of Med		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Alexandra J. Strong		Date of Receipt
	Mailing Address 15600 Dempsey Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City Leavenworth	State KS	Zip Code 66048-6373
	FEC ID number of contributing federal political committee. C		Transaction ID: ABCD7F62F5E394237A62
	Amount of Each Receipt this Period		250.00
Name of Employer Drisko Fee and Parkins		Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) James H. Van Olst, MD		Date of Receipt
	Mailing Address 136 SW Washington Ave #605		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City Corvallis	State OR	Zip Code 97333-4879
	FEC ID number of contributing federal political committee. C		Transaction ID: AD3346E02BFAE4CFFB38
	Amount of Each Receipt this Period		125.00
Name of Employer Retired		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Mark D. Visk, MD

Mailing Address Attn: Karen Barnes
303 E Wood St

City State Zip Code
Spartanburg SC 29303-3020

FEC ID number of contributing federal political committee. **C**

Name of Employer: Ortho Specialties of Spartanburg
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: A4278B0AD87984F19804
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Peter White Whitfield, MD

Mailing Address 7 Hillwind Ct

City State Zip Code
Greensboro NC 27408-3866

FEC ID number of contributing federal political committee. **C**

Name of Employer: Southeastern Orthopaedic Specialists
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: A0C7650DDF3E9433E879
Amount of Each Receipt this Period: 125.00

C.

Full Name (Last, First, Middle Initial)
Howard L. Wilcox, Jr, MD

Mailing Address 26351 W. Cedar Niles Circle

City State Zip Code
Olathe KS 66061-7478

FEC ID number of contributing federal political committee. **C**

Name of Employer: Kansas Ortho & Sports Med
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: A964F7565CE5D40499E6
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Robert Michael Williams, MD	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1935 Oakleigh Place	Transaction ID: AAB8D21F1CF844074904
	City State Zip Code Ann Arbor MI 48103-8925	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St Joseph Mercy Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Manuel Tablan Banzon, MD	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 141 Deer Path Ln	Transaction ID: A341F309C75F94867B71
	City State Zip Code Freehold NJ 07728-8588	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AOSMI Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Neil Jay Barkin, MD	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 8612 Nutmeg Ct	Transaction ID: A019BFB804FD0418AAAD
	City State Zip Code Potomac MD 20854-1635	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capitol Orthopaedics & Rehabil Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Richard Blanks, MD

Mailing Address 6684 N. St Catherine Ct

City State Zip Code
Fresno CA 93711-1294

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Spine & Orthopaedic Ctr Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: AE4ED6FCA3B574FE0ADE

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jaren Douglas Bombach, MD

Mailing Address 2587 Newark-Granville Rd

City State Zip Code
Granville OH 43023-9149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cardinal Orthopaedic Institute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: AA04CE8EE48204B799ED

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Clayton B. Brandes, MD

Mailing Address 9536 NE 31st St

City State Zip Code
Clyde Hill WA 98004-1736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Proliance Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: A935A44F97DBD4632AE1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Jeffrey B. Burnette, MD

Mailing Address 116 N. Haven Dr

City Macon State GA Zip Code 31210-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer: Piedmont Ortho & Sports Medici Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: A46385FE0FCCC4084ABA
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Michael T. Busch, MD

Mailing Address 5445 Meridian Mark Rd Ste 250

City Atlanta State GA Zip Code 30342-4767

FEC ID number of contributing federal political committee. **C**

Name of Employer: Childrens Ortho Surgical Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 475.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: A7971D14D83C84C2A87E
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Wayne Anthony Colizza, MD

Mailing Address 3 Hillside Ct East

City Morris Plains State NJ Zip Code 07950-2007

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: AD16540CE91A14AC191C
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) **1625.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Ralph H. Congdon, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 2300 53rd Ave Suite 100		Transaction ID: A9C87EB2B03E740B3B7C		
	City Bettendorf	State IA	Zip Code 52722-7565	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ORA Orthopedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) David B. Coward, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 2801 K St Suite 310		Transaction ID: A296D20145D5F4F05B9A		
	City Sacramento	State CA	Zip Code 95816-5119	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sacramento Knee And Sports Med	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Mark W. Diehl, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 1110 Hazeltine Ln		Transaction ID: AEA7684B9B71A470F8EF		
	City Kennesaw	State GA	Zip Code 30152-4742	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pinnacle Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Steven L. Drayer, MD

Mailing Address 1515 Lake Lansing Rd Suite B-1

City State Zip Code
Lansing MI 48912-3752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: AFA886846E82B4685AEB
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Cornelis M. Elmes, MD

Mailing Address PO Box 6807

City State Zip Code
Vacaville CA 95696-6807

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: AEF502CEE4B149679BB
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Jeff Aaron Fox, MD

Mailing Address 11555 S. 68th East Ave

City State Zip Code
Bixby OK 74008-8250

FEC ID number of contributing federal political committee. **C**

Name of Employer Csos Occupation
Csos Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: A945D0E54417B496485D
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) David Harrison Gilbert, MD		Date of Receipt
	Mailing Address 5301 N. Dixie Hwy Suite 203		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010
	City	State	Zip Code
	Oakland Park	FL	33334-3447
	FEC ID number of contributing federal political committee. C		Transaction ID: A8C3890E06D474923AC9
Name of Employer Broward Orthopaedic Specialist		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Christopher R. Goll, MD		Date of Receipt
	Mailing Address 7758 Chipwood Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010
	City	State	Zip Code
	Jacksonville	FL	32256-2350
	FEC ID number of contributing federal political committee. C		Transaction ID: A05E937B821A24F84B0B
Name of Employer Heekin Ortho Specialists		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) Gregory D. Gramstad, MD		Date of Receipt
	Mailing Address 6702 SW Canyon Crest Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010
	City	State	Zip Code
	Portland	OR	97225-3617
	FEC ID number of contributing federal political committee. C		Transaction ID: AF85E1454A37348949AD
Name of Employer Northwest Surgical Specialists		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Frank R. Joseph, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 1605 Brandon Hall Dr		Transaction ID: A942CAD2D26E9447EAB8		
	City Atlanta	State GA	Zip Code 30350-3704	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00			

B.	Full Name (Last, First, Middle Initial) John Charles Kofoed, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 2619 Seminole Ct		Transaction ID: A2BC158804A4643E48CF		
	City Fairfield	State CA	Zip Code 94534-7871	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Solano Regional Medical Group	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

C.	Full Name (Last, First, Middle Initial) Christopher John Lang, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 1215 W. Chaucer		Transaction ID: AC80CB1320EAB41088B1		
	City Spokane	State WA	Zip Code 99208-8675	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Spokane Orthopedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1875.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Richard P. Lewallen, MD	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 2900 12th Ave N. Suite 100e	Transaction ID: A3F636D86A422432F961
	City State Zip Code Billings MT 59101-7504	Amount of Each Receipt this Period 1125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ortho Montana	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

B.	Full Name (Last, First, Middle Initial) Herbert J. Louis, MD	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 5070 N. 40th St Suite 130	Transaction ID: A23A2A679686841F59D9
	City State Zip Code Phoenix AZ 85018-2193	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Paul G. Melaragno, MD	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 3288 Scioto Run Blvd	Transaction ID: A8B9520417B664CB1B1D
	City State Zip Code Hilliard OH 43026-3001	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ohio Orthopedic Center Of Excel	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	2325.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Thomas E. Menke, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 3001 Merideth Cir		Transaction ID: A91879AFA6527488987C		
	City Lexington	State KY	Zip Code 40513-1725	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Brian Mullis, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address Dept Of Ortho Surgery 541 Clininal Dr Ste 600		Transaction ID: A5B2289ED15894329BB9		
	City Indianapolis	State IN	Zip Code 46202-5233	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Indiana University School Of M	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

C.	Full Name (Last, First, Middle Initial) Peter O. Newton, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 3030 Children's Way Suite 410		Transaction ID: A1AB7EAAD57BC472DB9E		
	City San Diego	State CA	Zip Code 92123-4228	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CSSD	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Robert Riederman, MD

Mailing Address 15 Merry Hill Ct

City Baltimore State MD Zip Code 21208-1746

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 21 / 2010
Transaction ID: A66FEB42B372748EE950

Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Ricardo J. Rodriguez, MD

Mailing Address 1735 Woodchase Blvd

City Baton Rouge State LA Zip Code 70808-5219

FEC ID number of contributing federal political committee. **C**

Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2010
Transaction ID: A4235E4D1D75546559A8

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Larry J. Sanders, MD

Mailing Address 1520 S. Dobson Rd Suite 312

City Mesa State AZ Zip Code 85202-4700

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2010
Transaction ID: A7FAE9924ABB9448F8C9

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Anthony J. Shaia		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 11413 Barrington Bridge Ct		Transaction ID: A40149C60D0E648E195D		
	City Henrico	State VA	Zip Code 23233-1753	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WEOC	Occupation Physician	Aggregate Year-to-Date 2000.00		

B.	Full Name (Last, First, Middle Initial) Stephen J. Snyder, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 6815 Noble Ave		Transaction ID: A9BAC06AC7DF543C2AF3		
	City Van Nuys	State CA	Zip Code 91405-3796	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer S.c.o.i.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 650.00		

C.	Full Name (Last, First, Middle Initial) Carey E. Winder, MD		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 866 Woodgate Blvd		Transaction ID: AFDAC01D8035648F980F		
	City Baton Rouge	State LA	Zip Code 70808-5444	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Edward W. Younger, III, MD

Mailing Address 8515 Kenneth Creek Ln

City State Zip Code
Fair Oaks CA 95628-5361

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: AA4C479D4693E495D805

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John L. Andary, MD

Mailing Address 2035 E. 17th St

City State Zip Code
Idaho Falls ID 83404-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: A3B656043A0614468B60

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Allen F. Anderson, MD

Mailing Address 4230 Harding Rd Suite 1000
St Thomas Medical Bldg

City State Zip Code
Nashville TN 37205-2098

FEC ID number of contributing federal political committee. **C**

Name of Employer Toa Occupation
Toa Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: A80F38455190E4636BD1

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) James H. Armstrong, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 2107 Allendale Rd		Transaction ID: A5AAE81DBF1794121A86		
	City Montgomery	State AL	Zip Code 36111-1017	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southern Orthopedic Surgeons		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Joseph Assenmacher, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 7024 White Tail Ct		Transaction ID: A82EFBC82CE62437AB17		
	City Toledo	State OH	Zip Code 43617-1391	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Promedica Physician Group		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Matthew Austin, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 840 Harriton Rd		Transaction ID: A24BFA6489ADF4D27A7E		
	City Bryn Mawr	State PA	Zip Code 19010-1813	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Reconstruction Orthopaedic Ass		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dirk A. Bakker, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 13833 Lake Sedge	Transaction ID: ACF3694A49D2F447F962
	City State Zip Code Grand Haven MI 49417-8984	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) J. Christopher Banwart, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 3130 Skelley Ct	Transaction ID: AC4E8E37436A34F6F854
	City State Zip Code Joplin MO 64804-1393	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Orthopaedic Specialists of the Four St Orthopaedic Surgeon	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	
C.	Full Name (Last, First, Middle Initial) Charles Rodney Barnhart, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 1105 Parkview Ave	Transaction ID: A31EFA335D85B4AC8A03
	City State Zip Code Pasadena CA 91103-2357	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation San Gabriel Orthopedic Medical Orthopaedic Surgeon	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Avi J. Bernstein, MD

Mailing Address 1055 Pawnee Rd

City State Zip Code
Wilmette IL 60091-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: AEAE30036E23F4AE1B0C

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Paul D. Burton, DO

Mailing Address 250 Campbell Ave

City State Zip Code
Redlands CA 92373-6832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arrowhead Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: A22168EBFF2F84739919

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Andrew Roger Curran, MD

Mailing Address 4262 S. Rustler Ln

City State Zip Code
Meridian ID 83642-6883

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saltzer Medical Group Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: AE8A85E84B21F456DBF0

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Stephen W. Dailey, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 2740 Allen Glen Dr	Transaction ID: A4DC8D898E23D4F38AD3
	City State Zip Code Mechanicsburg PA 17055-5995	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OIP Orthopaedic Surgeon	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
B.	Full Name (Last, First, Middle Initial) Robert A. Eppley, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 26 Cedar Ln	Transaction ID: A093D52B0500047A5AB7
	City State Zip Code Orinda CA 94563-3629	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cal Sports & Ortho Institute Orthopaedic Surgeon	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
C.	Full Name (Last, First, Middle Initial) Dennis H. Gordon, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address PO Box 17290	Transaction ID: A5FE6B4B3C52F4A4BA6B
	City State Zip Code Salt Lake City UT 84117-0290	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
William A. Grana, MD, MPH
 Mailing Address 7137 N. Finger Rock Place
 City Tucson State AZ Zip Code 85718-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arizona Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 09 / 22 / 2010
Transaction ID: A9F7C8D323E8447C0859
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
William G. Hamilton, MD
 Mailing Address 8299 Glen Cove Ct
 City Alexandria State VA Zip Code 22308-1657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 09 / 22 / 2010
Transaction ID: AE9C48031AAE648EBB9F
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Robert H. Harrington, MD
 Mailing Address 7 Marsh Brook Dr Suite 205
 City Somersworth State NH Zip Code 03878-6523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Orthopedics And Sport Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00
 Date of Receipt 09 / 22 / 2010
Transaction ID: AF54146F9172C4C09ABF
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Edward J. Hellman, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 12715 Norfolk Ln	Transaction ID: A6252523A458B492C9E8
	City State Zip Code Carmel IN 46032-8657	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ortho Indy Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Paul Alan Kammerlocher, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 2907 NW 40th Place	Transaction ID: A7155B9DE7D54433682C
	City State Zip Code Newcastle OK 73065-6568	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mcbride Clinic Inc Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Dr. e jeff kennedy, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 290 E Layfair Drive Suite A	Transaction ID: AFA3AED46732F4303A6B
	City State Zip Code Flowood MS 39232-9526	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation capital orthopaedic clinic ortho surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Thomas Vaill King, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 333 Borthwick Ave Suite 301	Transaction ID: A317F02DE7D13442DA3D
	City State Zip Code Portsmouth NH 03801-7128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B.	Full Name (Last, First, Middle Initial) Hans C. Kioschos, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 622 Par Dr	Transaction ID: A338B6706018A4A8E915
	City State Zip Code Gillette WY 82718-7622	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Powder River Orthopaedic Surge	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Roger A. Klein, MD	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 1111 Sonoma Ave Suite 106	Transaction ID: A7A30EDC9F34E4C0B99E
	City State Zip Code Santa Rosa CA 95405-4813	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Thomas R. Knutson, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 161 N. Date St		Transaction ID: A0E80676F1E7B417E8B5		
	City Escondido	State CA	Zip Code 92025-3405	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) David J. Kuester, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 4011 Seneca Ct		Transaction ID: A51961FFBFDCA41558B8		
	City Manitowoc	State WI	Zip Code 54220-3077	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopaedic Associates of Manitowoc		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Louis M. Kwong, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address Los Angeles County Harbor 1000 W Carson St Box 422		Transaction ID: AFEDBCF6DBF324D0A9D9		
	City Torrance	State CA	Zip Code 90502-2004	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Gregory Price Lee, MD

Mailing Address 226 Albermarle Place

City Macon State GA Zip Code 31204-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer Ortho Georgia Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2010
Transaction ID: A6A5DF03F4549437D95A
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Chunbong Benjamin Ma, MD

Mailing Address 645 Spar Dr

City Redwood City State CA Zip Code 94065-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ Of California San Francisco Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2010
Transaction ID: AEA82401073D34F1AAAA
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
James O. Maher, III, MD

Mailing Address 12 Peckham Ave

City Newport State RI Zip Code 02840-1753

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2010
Transaction ID: AE4DB2D5A56E8421D84A
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Craig Robert Mahoney, MD

Mailing Address 2004 S. 40th Ct

City State Zip Code
West Des Moines IA 50265-5764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Ortho Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: A4D7C3ABA26AD4188B7E

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Michael Dennis Maloney, MD

Mailing Address 601 Elmwood Ave Box 665

City State Zip Code
Rochester NY 14642-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ Of Rochester Medical Cent Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: AEF4D7DDB028449CB84A

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Joseph C. McCarthy, MD

Mailing Address 2000 Washington St Suite 361 Green

City State Zip Code
Newton Lower Falls MA 02462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: ABEFABC4F72844D21B98

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Jeffrey Meisles, MD		Date of Receipt
	Mailing Address 360 W. Butterfield Rd Suite 160		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	Elmhurst	IL	60126-5099
	FEC ID number of contributing federal political committee. C		Transaction ID: A7D930924E1544B6CA9B
Name of Employer Orthopedic Specialists		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Robert Michael Meneghini, MD		Date of Receipt
	Mailing Address 801 Ivy Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	Carmel	IN	46032-4670
	FEC ID number of contributing federal political committee. C		Transaction ID: AF996E6AFB24D4D519CB
Name of Employer Indiana Clinic		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Kevin M. Moran, MD		Date of Receipt
	Mailing Address 35 Juniper Grove Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010
	City	State	Zip Code
	Spring	TX	77382-4403
	FEC ID number of contributing federal political committee. C		Transaction ID: A8FA50F89723746008C4
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 585.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1835.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Douglas S. Musgrave, MD

Mailing Address 15800 NW Fair Acres Dr

City State Zip Code
Vancouver WA 98685-1665

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Surgical Specialists
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: A82272E5C221B4EF485A

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
E. Louis Peak, MD

Mailing Address 4140 3rd St NW

City State Zip Code
Hickory NC 28601-6901

FEC ID number of contributing federal political committee. **C**

Name of Employer Joint Replacement Specialists
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: A9CBE4DEE5CCC4CB9BA8

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gregg D. Pike, MD

Mailing Address 15 Cougar Dr

City State Zip Code
Great Falls MT 59404-6463

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Falls Clinic
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: A4EBDE627933C46B5915

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Christopher S. Proctor, MD

Mailing Address 511 Bath St

City State Zip Code
Santa Barbara CA 93101-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alta Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: AD9832F0BC7E34AB1BAB

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James R. Rappaport, MD

Mailing Address 6630 S. McCarran Bldg 4 Ste A

City State Zip Code
Reno NV 89509-6145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sierra Regional Spine Ins- titut Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: A2CA1DD742758438CBB0

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Kurt W. Rathjen, MD

Mailing Address 4331 Lorraine Ave

City State Zip Code
Dallas TX 75205-3707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: A1CB35279AE7B48DDAD9

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mark Arentz Rhodes, MD</p> <p>Mailing Address 2110 N. Vantage Circle</p> <p>City State Zip Code Tucson AZ 85749-9117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wm B Pirie Hospital</p> <p>Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2010</p> <p>Transaction ID: A0F28534F89B542A5A87</p> <p>Amount of Each Receipt this Period 125.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Neal L. Rockowitz, MD</p> <p>Mailing Address Rockowitz Orthopaedic Center 3815 North 32nd St</p> <p>City State Zip Code Phoenix AZ 85018-4901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2010</p> <p>Transaction ID: A9AAC556EA5D6461EA98</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Samuel R. Rosenfeld, MD</p> <p>Mailing Address 1212 Bennington Dr</p> <p>City State Zip Code Santa Ana CA 92705-2331</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Apos</p> <p>Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2010</p> <p>Transaction ID: A9574482385764951886</p> <p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)	1375.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Steven Douglas K. Ross, MD

Mailing Address Dept Of Orthopaedics-Uci
101 City Dr So, Pav Iii Rm 210

City State Zip Code
Orange CA 92868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Regents Of Uc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: A18A391ADD6674FCB955

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Benjamin D. Rubin, MD

Mailing Address 21 Chatham Ct

City State Zip Code
Newport Beach CA 92660-4229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: A29E623A32EE74248A38

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mark Ruoff, MD

Mailing Address 15 Sierra Ct

City State Zip Code
Hillsdale NJ 07642-1012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: A1F45B854DE0E4AD99E2

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Kooros Sajadi, MD		Date of Receipt
	Mailing Address 230 Foutain Ct Suite 180		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Lexington	KY	40509-1896
	FEC ID number of contributing federal political committee. C		Transaction ID: A75F85A34AA644831B87
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Scott B. Schneider, MD		Date of Receipt
	Mailing Address N30w23473 Greenfield Ct Unit B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Pewaukee	WI	53072-5887
	FEC ID number of contributing federal political committee. C		Transaction ID: A0EF7C7F1DF324063813
Name of Employer Orthopaedic Associates of Wisconsin		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Gregory S. Slappey, MD		Date of Receipt
	Mailing Address 139 Fairway Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Carrollton	GA	30117-4134
	FEC ID number of contributing federal political committee. C		Transaction ID: A44F87EF0769A403AB93
Name of Employer Carrollton Orthopaedic Clinic		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Cooper L. Terry, MD

Mailing Address 1106 S. Lamar Blvd

City Oxford State MS Zip Code 38655-4732

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 22 / 2010

Transaction ID: AE3D04AA745A544C69C9

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Suresh Velagapudi, MD

Mailing Address 2111 Ogden Ave

City Aurora State IL Zip Code 60504-7597

FEC ID number of contributing federal political committee. **C**

Name of Employer Castle Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2010

Transaction ID: A5E62FB65A83B48F7AE3

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Torrance Anthony Walker, MD

Mailing Address 2404 Foxborough

City Pine Bluff State AR Zip Code 71603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 22 / 2010

Transaction ID: A6B196BFBB8DA405D802

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 229

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Greg L. Westmoreland, MD

Mailing Address 1006 Wyndham Way #1522

City State Zip Code
Knoxville TN 37923-7112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: AD8BF555B236D49DFA2D

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Robert B. Wilsterman, MD

Mailing Address 5 Bramblebush Park

City State Zip Code
Falmouth MA 02540-2325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopedic Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: A6E7F10A55B304EDE9FD

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Mark A. Wolgin, MD

Mailing Address 1709 Devon Dr

City State Zip Code
Albany GA 31721-1948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: A3100ED5B3AED48C8914

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Steven G. Wynder, MD
 Mailing Address 2003 Stults Rd Suite 210
 City State Zip Code
 Huntington IN 46750-1291
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 22 / 2010
Transaction ID: AA709F6D6289C497888F
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Amit Agarwala, MD
 Mailing Address 660 Golden Ridge Rd Suite 250
 Panorama Ortho & Spine Ctr
 City State Zip Code
 Lakewood CO 80401-9541
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 24 / 2010
Transaction ID: A58F480C28795423DA61
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Ce-nter Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
James A. Albright, MD
 Mailing Address 3932 Fairfield Ave
 City State Zip Code
 Shreveport LA 71106-1014
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 24 / 2010
Transaction ID: A43BBB6C1362D490F8D5
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VHA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Peter C. Amadio, MD

Mailing Address 200 1st St SW

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mayo Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Transaction ID: AD65E8D6E13614FA7A63

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Thomas E. Baier, MD

Mailing Address 725 Stonegate

City State Zip Code
Libertyville IL 60048-1855

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenleaf Orthopedic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Transaction ID: A060F25629EE747D7B14

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Richard W. Barth, MD

Mailing Address 6516 Goldleaf Dr

City State Zip Code
Bethesda MD 20817-5837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington Orthopaedics & Sports Med Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Transaction ID: AA7B979B66E2F40A8875

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Evan K. Bash, MD

Mailing Address 127 Walker Ln

City Wallingford State PA Zip Code 19086-6127

FEC ID number of contributing federal political committee. **C**

Name of Employer Premier Ortho & Sports Med Assoc Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2010

Transaction ID: A15768C965D824FBC872

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Tomasz W. Borowiecki, MD

Mailing Address 49 Linden Ln

City Springfield State IL Zip Code 62712-8965

FEC ID number of contributing federal political committee. **C**

Name of Employer Springfield Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2010

Transaction ID: A41FD53939092499FAEB

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Christopher M. Brian, MD

Mailing Address 6 White Birch

City Littleton State CO Zip Code 80127-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2010

Transaction ID: A3F4B7BB4F2D046218BD

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Daniel Alexander Capen, MD
Mailing Address 3416 The Strand
City Manhattan Beach State CA Zip Code 90266-3350
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 24 / 2010
Transaction ID: A05DE5D78386446B9A86
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Kevin Bron Cleveland, MD
Mailing Address 150 E. Goodwyn
City Memphis State TN Zip Code 38111-2514
FEC ID number of contributing federal political committee. **C**
Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 24 / 2010
Transaction ID: AE72D64550A084C09B1C
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Paul Victor Conescu, MD
Mailing Address 3118 8th St
City Las Vegas State NM Zip Code 87701-5135
FEC ID number of contributing federal political committee. **C**
Name of Employer Alta Vista Clinic Corporation Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 24 / 2010
Transaction ID: A5B370F60F0724516AC0
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Mark J. Conklin, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1702 Sand Lily Dr	Transaction ID: ADA23B1C5F2194305A06
	City State Zip Code Golden CO 80401-8503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Panorama Ortho & Spine Center Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Stephen F. Conti, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1704 Chestnut Ct	Transaction ID: A6ED018891DB2427292A
	City State Zip Code Sewickley PA 15143-8634	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allegheny General Hospital Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Lisa DeGnore, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 4641 Collinswood Dr	Transaction ID: AAC20D42EA7244259A6B
	City State Zip Code Lexington KY 40515-6202	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Self Employed Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Premjit Deol, DO

Mailing Address 1690 Bassett St Unit 11

City State Zip Code
Denver CO 80202-1880

FEC ID number of contributing federal political committee. **C**

Name of Employer: Panorama Ortho & Spine Center
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: ACBCFD22657FC4B9B912

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bharat M. Desai, MD

Mailing Address 7955 Spirit Ranch Rd

City State Zip Code
Golden CO 80403-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer: Panorama Ortho & Spine Center
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: AA31B867A6E7B450DB79

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Allen A. Deutsch, MD

Mailing Address 4516 Oleander St

City State Zip Code
Bellaire TX 77401-5119

FEC ID number of contributing federal political committee. **C**

Name of Employer: Kelsey Seybold Clinic
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: A68A90156685F417580D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) David M. Dines, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2 Highland Ct	Transaction ID: A1EC3C8A020DC4FA3A12
	City State Zip Code Old Westbury NY 11568-1527	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
B.	Full Name (Last, First, Middle Initial) Thomas F. Eastman, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 610 Noble Hill Rd	Transaction ID: A6EDCF88D523D4EEEB4A
	City State Zip Code Yakima WA 98908-9114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Yakima Valley Memorial Hospital	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Stephen G. J. Eckrich, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address PO Box 6850	Transaction ID: A3635A73F1F83407D970
	City State Zip Code Rapid City SD 57709-6850	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Black Hills Orthopaedic & Spine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Douglas A. Foulk, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 660 Golden Ridge Rd Suite 250		Transaction ID: A2A19CD AFC72E4AC2AC8		
	City Golden	State CO	Zip Code 80401-9541	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Thomas G. Friermood, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 2635 Vivian St		Transaction ID: AB EF6C028B2DB4B9CA3F		
	City Lakewood	State CO	Zip Code 80215-1018	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Christopher Ghigiarelli, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 26 Fitzgerald Dr		Transaction ID: A4A9425353AEA43DB961		
	City Moosic	State PA	Zip Code 18507-2105	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Scranton Orthopaedic Specialis	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Mark H. Gonzalez, MD
Mailing Address 2725 N. Mildred
City Chicago State IL Zip Code 60614-1417
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Illinois Ho-spital Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 24 / 2010
Transaction ID: A523E8D15BAC143A58BF
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Charles Adam Gottlob, MD
Mailing Address 623 W. Meadow Rd
City Evergreen State CO Zip Code 80439-9745
FEC ID number of contributing federal political committee. **C**
Name of Employer Panorama Ortho & Spine Ce-nter Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 24 / 2010
Transaction ID: A36BF44D4ACD24108B9E
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Robert N Hotchkiss, MD
Mailing Address 523 E 72nd St 4th Floor
City New York State NY Zip Code 10021-4099
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 24 / 2010
Transaction ID: A33C7EAE9881D4CAF9C1
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Raeburn M. Jenkins, MD

Mailing Address 660 Golden Ridge Rd Suite 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Panorama Ortho & Spine Ce- Orthopaedic Surgeon
nter

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: A099AE5F0EE56438DB43

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
James T. Johnson, MD

Mailing Address 608 S. Pearl St

City State Zip Code
Denver CO 80209-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Panorama Ortho & Spine Ce- Orthopaedic Surgeon
nter

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: ABA7016762FF44E3CA87

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Armen Khachatryan, MD

Mailing Address Center Of Orthopedic Rehabilitatio
3584 W 9000 South Ste 405

City State Zip Code
West Jordan UT 84088-5712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Physicians Group of Utah Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: AF5A34417E9BB4556AC1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Bruce P. Klein, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 5051 Butler Rd		Transaction ID: A1D14A42D55664C04BAF
City Canandaigua	State Zip Code NY 14424-2710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Richard Krugel, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 1257 Charrington		Transaction ID: A97AEACD5DF7A42F9A25
City Bloomfield Hills	State Zip Code MI 48301-2116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wayne State Physician Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Peter Lammens, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 660 Golden Ridge Rd Suite 250		Transaction ID: A8633C30224FA4BE6A48
City Golden	State Zip Code CO 80401-9541	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Gregory Daniel Lewish, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 2211 Lyell Ave Suite 107		Transaction ID: A7A025A4762EC4A62B1B		
	City Rochester	State NY	Zip Code 14606-5743	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westside Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Rafael Antonio Lopez, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 198 Zorzal St Montehiedra		Transaction ID: AE357AA9DDB224643ACF		
	City San Juan	State PR	Zip Code 00926-7110	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

C.	Full Name (Last, First, Middle Initial) Lonnie Eric Loutzenhiser, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 1411 Wynkoop St Unit 702		Transaction ID: AAD390C6E9AA84DB8B54		
	City Denver	State CO	Zip Code 80202-1789	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Benzel C. MacMaster, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 5955 Joyce Way	Transaction ID: AD697FD29F6C64394ACA
	City State Zip Code Dallas TX 75225-1626	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Thomas A. Malvitz, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 5480 Forest Bend Dr	Transaction ID: A5F315BBC75EE468780B
	City State Zip Code Ada MI 49301-9005	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Orthopaedic Associates of Michigan	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Patrick McNair, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 9670 Bellmore Ln	Transaction ID: A1A78476C7E914377AA0
	City State Zip Code Highlands Ranch CO 80126-4971	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Mark F. Mills, MD

Mailing Address 660 Golden Ridge Rd Suite 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Panorama Ortho & Spine Ce- Orthopaedic Surgeon
nter

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: A772CFF1244364DE0ACD

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Steven Braxton Morgan, MD

Mailing Address 1222 San Saba Ct

City State Zip Code
Allen TX 75013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: A16721890A015493F894

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Roger E. Murken, MD

Mailing Address 1546 Brettonwood Way

City State Zip Code
Littleton CO 80129-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Panorama Ortho & Spine Ce- Orthopaedic Surgeon
nter

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: AB024E523399F4AE8941

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 / 229
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Stephen J. Parazin, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 5 Cardinal Dr		Transaction ID: A4387D02B8A4847B89D6		
	City Westwood	State MA	Zip Code 02090-1176	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Nimesh Patel, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 1898 Denver West Ct Apt 1211		Transaction ID: AE2FDF042A6124B85867		
	City Lakewood	State CO	Zip Code 80401-0928	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Panorama Ortho & Spine Ce- nter		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Anatol Podolsky, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 4627 Surrey Dr		Transaction ID: A23FFACCC5E0D48E1B02		
	City Corona Del Mar	State CA	Zip Code 92625-2725	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Thomas Joseph Puschak, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 5275 Dunraven Circle		Transaction ID: A45E2F920946A4EE4862		
	City Golden	State CO	Zip Code 80403-2059	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Panorama Ortho & Spine Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Jeffrey P. Remington, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 8015 Talbot Rd		Transaction ID: A9372B509E9644B6EB4C		
	City Edmonds	State WA	Zip Code 98026-5040	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Proliance Surgeons		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Walter G. Robinson, Jr, MD		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 3042 Nelson Dr		Transaction ID: ADD942FD347A447A4B99		
	City Lakewood	State CO	Zip Code 80215-7155	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Panorama Ortho & Spine Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Mitchel S. Robinson, MD
 Mailing Address 5021 East Oxford Ave
 City State Zip Code
 Cherry Hills Villa CO 80113-5117
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2010
Transaction ID: AB6C6E512B51947DD9B2
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Ce- Orthopaedic Surgeon
 nter
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Edmund B. Rowland, Jr, MD
 Mailing Address 1301 Old Foards Ln
 City State Zip Code
 Wilmington NC 28409-2034
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2010
Transaction ID: AA7E2BB1048A549268AD
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Ce- Orthopaedic Surgeon
 nter
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
Thomas J. Schenk, MD
 Mailing Address 15114 E. Ridgeway Dr
 City State Zip Code
 Fountain Hills AZ 85268-4842
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2010
Transaction ID: A535C6305785B45AD9E9
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
John M. Schimpke, MD

Mailing Address 3431 Old Baldwin Rd

City State Zip Code
Lake Angelus MI 48326-1274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: AC9E6FCF99BAB45E89D7

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mitchell D. Seemann, MD

Mailing Address 660 Golden Ridge Rd Suite 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Panorama Ortho & Spine Ce-
nter Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: A7A58BF6B3C124D63B06

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Raymond M P. Sherman, MD

Mailing Address 903 Willow Circle

City State Zip Code
Dakota Dunes SD 57049-5290

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CNOS Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: A2B2B32F9A67742EE89D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Eric J. Stahl, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 660 Golden Ridge Rd Suite 250	Transaction ID: AA29F49C564324B8794C
	City State Zip Code Golden CO 80401-9541	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) Scott P. Steinmann, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1118 Plummer Circle SW	Transaction ID: AC23D2D068F08436EA1E
	City State Zip Code Rochester MN 55902-2083	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Douglas J. Straehley, MD	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 14590 W. 58th Place	Transaction ID: A8ACF336CA8C3448FB5D
	City State Zip Code Arvada CO 80004-3764	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
James W. Strickland, MD

Mailing Address 8528 Lake Clearwater Ln Apt 1014

City Indianapolis State IN Zip Code 46240-7743

FEC ID number of contributing federal political committee. **C**

Name of Employer Rush Memorial Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2010
Transaction ID: AF6AD8DDE67FF46EC825
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Andrew J. Vicar, MD

Mailing Address 8934 Dandy Creek Dr

City Indianapolis State IN Zip Code 46234-2824

FEC ID number of contributing federal political committee. **C**

Name of Employer Ortho Indy Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2010
Transaction ID: A6783294661AE4E479AF
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Douglas Cabot Wong, MD

Mailing Address 23769 Shooting Star Dr

City Golden State CO Zip Code 80401-9141

FEC ID number of contributing federal political committee. **C**

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2010
Transaction ID: AEB1E548222D94B96847
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Joseph P. Walls, MD		Date of Receipt MM / DD / YYYY 09 / 26 / 2010		
	Mailing Address 2778 Bedford Way		Transaction ID: A6FE670E93A6946A1BD0		
	City Carson City	State NV	Zip Code 89703-4618	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Capitol Orthopedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Lesley J. Anderson, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 133 San Marino Dr		Transaction ID: AC445EB5B46554F199AA		
	City San Rafael	State CA	Zip Code 94901-1537	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

C.	Full Name (Last, First, Middle Initial) William Lamont Bargar, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 1020 29th St Suite 450		Transaction ID: AE8F0ECD3B02C424E88C		
	City Sacramento	State CA	Zip Code 95816-5173	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Jeffery P. Beckenbaugh, DO
Mailing Address 4121 8th St SW

City State Zip Code
Rochester MN 55902-8751

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: A08DCD9315305419BBE3

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Thomas J. Blumenfeld, MD
Mailing Address 1020 29th St Suite 450

City State Zip Code
Sacramento CA 95816-5173

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: A8AEF29DA53B1479EA93

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
W. John Bruder, MD
Mailing Address 4045 W. Royal Dr

City State Zip Code
Traverse City MI 49684-8965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Great Lakes Orthopaedic Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: ABBA84792434C48BEA1B

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶

875.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Salvador B. Cecilio, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address Orthopedic Surgery 302 California Ave Ste 202		Transaction ID: AC756BAE011DC4D159F0		
	City Wahiawa	State HI	Zip Code 96786-1841	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Shannon E. Cooke, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 1342 Elmwood Dr		Transaction ID: AD4D84C1EE20F4DAB868		
	City Abilene	State TX	Zip Code 79605-4906	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Steven C. Dennis, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 22 Corporate Plz		Transaction ID: A97DEB5D0C1BA4CAF8A4		
	City Newport Beach	State CA	Zip Code 92660-7985	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Orthopaedic Institute		Occupation Orthopaedic Surgeon		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ► 2300.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Mark E. Endicott, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2801 K St Suite 500	Transaction ID: AAF1226B8E3DA4C33B31
	City State Zip Code Sacramento CA 95816-5119	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jefferson Christophe Eyke, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1400 Mercy Dr Suite 100	Transaction ID: AE623D4B8C796493590C
	City State Zip Code Muskegon MI 49444-1836	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Howard I. Freedberg, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2354 Tennyson	Transaction ID: A9BD491C4636B49D1ACF
	City State Zip Code Highland Park IL 60035-1649	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Suburban Orthopaedics Occupation Suburban Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Eduardo Gonzalez-Hernandez, MD

Mailing Address 3773 Matheson Ave

City State Zip Code
Coconut Grove FL 33133-6737

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: AE31C5FE813294CDC833
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
William L. Green, MD

Mailing Address 3838 California St Suite 715

City State Zip Code
San Francisco CA 94118-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer CPOSM Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: A64660F55A3154AFD896
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Jerry Speight Grimes, MD

Mailing Address 3304 20th St

City State Zip Code
Lubbock TX 79410-1412

FEC ID number of contributing federal political committee. **C**

Name of Employer The Center for Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: AAA754A879DB84AF493B
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) James P. Guthel, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 4609 8th St		Transaction ID: AF4708F70B3814D9BA85		
	City Lubbock	State TX	Zip Code 79416-4704	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Medical Group		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Daniel H. Heller, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 9327 N. 3rd St Suite 101		Transaction ID: A4B040CCC3DE34A4FA65		
	City Phoenix	State AZ	Zip Code 85020-2471	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arizona Bone & Joint Surgeons		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) James P. Jamison, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 7092 Killdeer Dr		Transaction ID: AD9E2AEC80A47460A9E7		
	City Canfield	State OH	Zip Code 44406-9181	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Youngstown Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 229
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Glenn J. Jarrett, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2360 Mullan Rd Suite C	Transaction ID: A0A4EE0BD9A764936944
	City State Zip Code Missoula MT 59808-1811	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Einer Johnson, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2207 Westerly Ct	Transaction ID: A232A14182B3C4B0F8C6
	City State Zip Code Chesterfield MO 63017-7927	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Washington University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) John Curry Kagan, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 3210 Cleveland Ave Suite 100	Transaction ID: A2DA1093997F74A33B46
	City State Zip Code Fort Myers FL 33901-7180	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kagan Jugan & Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Harpal Singh Khanuja, MD

Mailing Address 14023 Greencroft Ln

City State Zip Code
Cockeysville MD 21030-1127

FEC ID number of contributing federal political committee. **C**

Name of Employer Sinai Hospital Of Baltimore
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: AD1AC415943074DDE95F

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brian Kwon, MD

Mailing Address 91 Sidney St #805

City State Zip Code
Cambridge MA 02139-4279

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: AF16F4632687842DEAA4

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ronald S. Lederman, MD

Mailing Address 3227 Woodview Lake Rd

City State Zip Code
West Bloomfield MI 48323-3572

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: AFA470275AEE34E37980

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Lynn M. Lindaman, MD
Mailing Address 4208 Quail Ct
City West Des Moines State IA Zip Code 50265-5369
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00
Date of Receipt 09 / 27 / 2010
Transaction ID: AFCF463A3541747C6A4D
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Anthony R. Marino, MD
Mailing Address 12 Misty Ln
City Londonderry State NH Zip Code 03053-2675
FEC ID number of contributing federal political committee. **C**
Name of Employer New Hampshire Orthopedic Center Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 625.00
Date of Receipt 09 / 27 / 2010
Transaction ID: AD8BC4F0AC3E646ABAD5
Amount of Each Receipt this Period 375.00

C. Full Name (Last, First, Middle Initial)
David J. Martin, MD
Mailing Address 7444 N. La Cholla Blvd
City Tucson State AZ Zip Code 85741-2306
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00
Date of Receipt 09 / 27 / 2010
Transaction ID: AD4CF5351F15A48B78FB
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) **1125.00**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 229
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Richard G. McCollum, MD
Mailing Address 4155 Blvd Place
City Mercer Island State WA Zip Code 98040-3403
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 27 / 2010
Transaction ID: AEA733590A2A248FCAFF
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Leon P. Mead, MD
Mailing Address 730 Goodlette Rd North #201
City Naples State FL Zip Code 34102-5618
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 27 / 2010
Transaction ID: AA109940B6D244154A40
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Christopher M. Miller, MD
Mailing Address 5059 S. Greenbriar Ave
City Springfield State MO Zip Code 65804-7758
FEC ID number of contributing federal political committee. **C**
Name of Employer Orthopaedic Specialist Inc Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 09 / 27 / 2010
Transaction ID: A045DA5D32FC74BD9887
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 229
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Kai Mithoefer, MD

Mailing Address 6 Spruce Ave

City State Zip Code
Cambridge MA 02138-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Harvard Vanguard Medical Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: A31B6B3F44F8446E783A

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Daniel Beasley Murrey, MD

Mailing Address 1020 Isleworth Ave

City State Zip Code
Charlotte NC 28203-5218

FEC ID number of contributing federal political committee. **C**

Name of Employer Ortho Carolina
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: A619C31CE6CD44439B0B

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Adam J. Olscamp, MD

Mailing Address 750 N. Syringa Suite 101

City State Zip Code
Post Falls ID 83854-5275

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: AE747BC892AA34E02994

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
John Anthony Osterkamp, MD

Mailing Address 1818 Verdugo Blvd Suite 402

City State Zip Code
Glendale CA 91208-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: A3D082484434047F1928

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Rick Papandrea

Mailing Address N28W30628 Red Fox Court

City State Zip Code
Pewaukee WI 53072-4292

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: A703080663D614995A21

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Pasquale Petrer, MD

Mailing Address 1675 Woodbrooke Dr

City State Zip Code
Salisbury MD 21804-8502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: A0EC3A3C6378843208E0

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 229		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Russell Sean Petrie, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 1 Veneto		Transaction ID: A285827AC8CB2444BBBD		
	City Newport Coast	State CA	Zip Code 92657-1230	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newport Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		

B.	Full Name (Last, First, Middle Initial) Rola H. Rashid, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 42 Delancey Ct		Transaction ID: A50B890A4A9AE4BD8B6D		
	City Pittsford	State NY	Zip Code 14534-2762	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Richard Mills Roberts, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 1505 Cottonwood Valley Cir North		Transaction ID: A9DCB7C70A17845EDB04		
	City Irving	State TX	Zip Code 75038-5931	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IOSM	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 229
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Ronald R. Romanelli, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 29 Orchard Ln	Transaction ID: AB08B8076200E4B40A78
	City Springfield State IL Zip Code 62712-8911	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Orthopaedic Center Of Illinois Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Philip L. Schneider, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 10508 Bit & Spur Ln	Transaction ID: AA307F5D3B1E8442F9C1
	City Potomac State MD Zip Code 20854-1507	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Montgomery Orthopaedics Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Suken A. Shah, MD	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 42 Stonewold Way	Transaction ID: A6104022482ED4AF587F
	City Wilmington State DE Zip Code 19807-2567	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Nemours Foundation Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 229		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Jeffrey R. Smith, MD		Date of Receipt	
	Mailing Address 2646 N. Foothill Dr		M M / D D / Y Y Y Y Y 09 / 27 / 2010	
	City	State	Zip Code	Transaction ID: AD3E7FFABE7C64E809B0
	Provo	UT	84604-4390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Intermountain Healthcare		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

B.	Full Name (Last, First, Middle Initial) Mark A. Sprague, MD		Date of Receipt	
	Mailing Address 10 Old Tree Farm Rd		M M / D D / Y Y Y Y Y 09 / 27 / 2010	
	City	State	Zip Code	Transaction ID: ABD94F8A336EC43FC880
	Stockbridge	MA	01262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Kevin M. Supple, MD		Date of Receipt	
	Mailing Address Greensboro Orthopaedics Center 3200 Northline Dr Ste 200		M M / D D / Y Y Y Y Y 09 / 27 / 2010	
	City	State	Zip Code	Transaction ID: A70B0F632F98F43CDBF8
	Greensboro	NC	27408-7602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Greensboro Orthopaedic Ce- nter,		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
James P. Tasto, MD

Mailing Address 6719 Alvarado Rd Suite 200

City State Zip Code
San Diego CA 92120-5256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: ACAC5EB11713B4EFDA07

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
John W. Vanderhoof, MD

Mailing Address 9202 N. 115th St

City State Zip Code
Scottsdale AZ 85259-5819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Public Health Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: AEF951136D976408A8B7

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William F. Wagner, Jr, MD

Mailing Address Seattle Hand Surgery
600 Broadway Ste 440

City State Zip Code
Seattle WA 98122-5377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Seattle Hand Surgery Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: AC8A503428A8046BC953

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 229
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) Edward M. Williams, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address 4725 N. Federal Hwy Orthopaedic Center		Transaction ID: A167EC27EDC7640F7BC0
City Fort Lauderdale	State Zip Code FL 33308-4603	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Holy Cross Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Lawrence Jon Yenni, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address 8051 Icicle Place NW		Transaction ID: A4F213D30A0B846CD912
City Silverdale	State Zip Code WA 98383-6308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ortho Specialists of North Carolina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Alan Schefer		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 17 Lambert Ridge		Transaction ID: A60D4F63504524710BEC
City Cross River	State Zip Code NY 10518-1123	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mount Kisco Medical Group	Occupation Orthopaedic Hand Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	240760.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 229
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) American Association of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 07 / 22 / 2010
Mailing Address 317 Massachusetts Avenue, NE 1st Floor		Transaction ID: A03B4F11A725D4AD79FC
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1934.99
Name of Employer	Occupation	Refund of credit card fees from affiliated organization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1934.99	

B.

Full Name (Last, First, Middle Initial) American Association of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 08 / 17 / 2010
Mailing Address 317 Massachusetts Avenue, NE 1st Floor		Transaction ID: AB7F3B9D5EB994273986
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 460.47
Name of Employer	Occupation	Refund of bank fees from affiliated organization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2395.46	

C.

Full Name (Last, First, Middle Initial) American Association of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 317 Massachusetts Avenue, NE 1st Floor		Transaction ID: AB4B706D5B0284D12982
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.62
Name of Employer	Occupation	Refund of credit card fees from affiliated organization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2549.08	

SUBTOTAL of Receipts This Page (optional)	2549.08
TOTAL This Period (last page this line number only)	2549.08

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 229
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Citizens For Arlen Specter	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 236 Massachusetts Avenue Ne	Transaction ID: A091152CECD2B4B6081D
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00280206	Refund of contribution - lost primary election
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Dan10	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 1088 Bishop Street Suite 1009	Transaction ID: AD74AA4B040FE4793ABF
	City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C C00410787	
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address P.O. Box 1007	Transaction ID: A215020BC217C459EA41
	City State Zip Code Willows CA 95988	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00202523	Refund of 7/16/10 contribution
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	12000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name	Transaction ID: B736FC1F9724E4321B64 Date of Disbursement 07 / 06 / 2010
	Amount of Each Disbursement this Period 1234.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name	Transaction ID: BD5D1140510DF470BAA2 Date of Disbursement 07 / 06 / 2010
	Amount of Each Disbursement this Period 700.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name	Transaction ID: BA1310501C86E4D53948 Date of Disbursement 07 / 28 / 2010
	Amount of Each Disbursement this Period 7.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1942.94

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE27A429DEEAD4F24BE0 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010
	Amount of Each Disbursement this Period 215.19
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3C4433AFF89C4EF5A1E Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010
	Amount of Each Disbursement this Period 237.33
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B87C38EFDA5D74B77826 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 52.74
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

505.26

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC9375DA99224E25BE8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 100.88
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Aristotle International, Inc <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0D592261514F4591899 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 204.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Aristotle International, Inc <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B11488FE514174603B34 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 192.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	496.88
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 179 / 229

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Aristotle International, Inc <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD583A6B40EF643C3A39 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 2.40
B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B810A103499434B76847 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 86.00
C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE0C47AAB20BB496BA01 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 62.00

SUBTOTAL of Disbursements This Page (optional) ▶

150.40

TOTAL This Period (last page this line number only) ▶

3095.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS <hr/> Mailing Address PO Box 121480 <hr/> City Chula Vista State CA Zip Code 91912 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. BOB FILNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0E05AD0EF8CE4780BE0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BRETT PAC <hr/> Mailing Address 608 Montgomery Ave <hr/> City Elizabethtown State KY Zip Code 42701 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 0 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B3F5BD45F70694B1FB3C Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. David A. Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B47203CF265AB4C0FAA8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Rosa L. DeLauro <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B12DD09EF4F1C442A87A Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress <hr/> Mailing Address Po Box 3314 Suite 240 <hr/> City Oregon City State OR Zip Code 97045 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kurt Schrader <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1FC3A19E54704F678D1 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) New Democrat Coalition PAC (NDC PAC) <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 0 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B10E15E12AEE84F429CF Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress <hr/> Mailing Address 8550 United Plaza Blvd. Suite 1001 <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. William Cassidy Category/Type <input type="text"/>	Transaction ID: B2BB186FD9C5349F5901 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
B. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress <hr/> Mailing Address 8550 United Plaza Blvd. Suite 1001 <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. William Cassidy Category/Type <input type="text"/>	Transaction ID: B41C29005D67646A3B2C Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
C. Full Name (Last, First, Middle Initial) Brady For Congress <hr/> Mailing Address P.o. Box 8277 <hr/> City The Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Kevin Brady Category/Type <input type="text"/>	Transaction ID: BD25AEF8683FB4C50BB7 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 / 229

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1C474A9539EB4EC1A7E</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD74D6A9E25C84BC6AB2</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE1A8F645F43F406D838</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Culberson for Congress <hr/> Mailing Address P.O. Box 41964 <hr/> City Houston State TX Zip Code 77241 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Abney Culberson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC923EEA15EE2414BA08 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee <hr/> Mailing Address Po Box 6545 <hr/> City Visalia State CA Zip Code 93290 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Devin Nunes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6FD579CF6ED34711A00 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Jack Kingston <hr/> Mailing Address Po Box 2133 <hr/> City Savannah State GA Zip Code 31402 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Jack Kingston <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC5E3904716EA41FA8C6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Friends Of Jack Kingston <hr/> Mailing Address Po Box 2133 <hr/> City Savannah State GA Zip Code 31402 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Jack Kingston Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6FF8C7D5D8814070BFC Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hal Rogers For Congress <hr/> Mailing Address P.O. Box 1214 East Mt Vernon St <hr/> City Somerset State KY Zip Code 42502 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Hal Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBB4A7D41175D45F3A6E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee <hr/> Mailing Address P.O. Box 851232 <hr/> City Mobile State AL Zip Code 36685 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Jo Bonner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7C34070F016F4A35B10 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund <hr/> Mailing Address 715 Jones Street, Suite 101 <hr/> City Fort Worth State TX Zip Code 76102 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kay Granger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBB7FAA34B225401F8C7 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kline For Congress <hr/> Mailing Address 101 W Burnsville Pkwy Suite 104 <hr/> City Burnsville State MN Zip Code 55337 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Kline <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6D683C5D1D404BA9BA1 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kline For Congress <hr/> Mailing Address 101 W Burnsville Pkwy Suite 104 <hr/> City Burnsville State MN Zip Code 55337 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Kline <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDE1848EFBA5F491C8B1 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Latourette For Congress Committee <hr/> Mailing Address 320 Kenarden Dr. <hr/> City Highland Hts. State OH Zip Code 44143 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Steven C. LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B77455024BEE5424B89A Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
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	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Linder For Congress <hr/> Mailing Address P. O. Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD2B4302278544B33AB3 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Linder For Congress <hr/> Mailing Address P. O. Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5013E7F889E44815A1D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee <hr/> Mailing Address P.O. Box 3370 <hr/> City State Zip Code Palm Springs CA 92263 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mary Bono-Mack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC3443D8E2B39473EB0E Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Scalise For Congress <hr/> Mailing Address PO Box 23219 Suite 301 <hr/> City State Zip Code Jefferson LA 70183 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steve J. Scalise <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3F027A11F2A5420E9B2 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Scalise For Congress <hr/> Mailing Address PO Box 23219 Suite 301 <hr/> City State Zip Code Jefferson LA 70183 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steve J. Scalise <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF59D6E9B58F1492DA93 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B12DC4EDD2EDB4AA2820</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.o. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B862A61DBE1DF419D94F</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Walden For Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Greg Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7FC25E601A104F3D99C</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address P.O. Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9FEFB659E2CD4806B2E</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, In</p> <p>Mailing Address Po Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1ED54D514A284675B1F</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dutch Ruppertsberger for Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dutch Ruppertsberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B556B59B33BA945A7874</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

9500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns</p> <p>Mailing Address PO Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Cliff B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0DCBAB65CC914C18A5B</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Dan B. Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCC8DFA816DCA4261B51</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling</p> <p>Mailing Address P.O. Box 820504</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement VOID - Hensarling's Leadership Pac</p> <p>Candidate Name Rep. Jeb Hensarling</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCCB105A44F4D4855BC4</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period -5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address P.O. Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Joseph R. Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9AB9A15F847C49DF9DE Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2010
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) People For Patty Murray <hr/> Mailing Address PO Box 3662 <hr/> City Seattle State WA Zip Code 98124 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8DDF9E09748149738DE Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2010
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress <hr/> Mailing Address P. O. Box 909 <hr/> City Columbus State GA Zip Code 31902 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Sanford D. Bishop, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B889ABA9E267F471C964 Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2010
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee <hr/> Mailing Address P.O. Box 1007 <hr/> City Willows State CA Zip Code 95988 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Wally Herger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B952DBB77CF8D44D590E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE5AB9AFFD02C45B2A1A Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Lewis For Congress <hr/> Mailing Address PO Box 2323 Suite 5300 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B39816086C7634ADD91A Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: B1E83B26E41394D12A6A
	Mailing Address 555 Capitol Mall, Suite 1425	Date of Disbursement MM / DD / YYYY 07 / 26 / 2010
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name Rep. Anna Eshoo	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: B135DB9AA00194A6BBCB
	Mailing Address PO Box 12567	Date of Disbursement MM / DD / YYYY 07 / 26 / 2010
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name Rep. James E. Clyburn	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	Transaction ID: BAE292195FED341F193D
	Mailing Address Post Office Box 470840	Date of Disbursement MM / DD / YYYY 07 / 26 / 2010
	City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name Rep. John Sullivan	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Steven L. Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4447D4F77A104157A89 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike Honda For Congress <hr/> Mailing Address P.O. Box 8180 <hr/> City San Jose State CA Zip Code 95155 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Mike Honda <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC020DFDB7F14BFEB29 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Mike Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B391DF5F4F7E941F38C3 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Patrick Murphy for Congress Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058 Purpose of Disbursement Candidate Name Rep. Patrick J. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC0E119AF91B343DAB48 Date of Disbursement 07 / 26 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC) Mailing Address P. O. Box 1011 City Wheaton State IL Zip Code 60187 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 0 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B2F30CD7F8BDC447FBD2 Date of Disbursement 07 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00
C. Full Name (Last, First, Middle Initial) Sue Myrick for Congress Mailing Address P.O. Box 37091 City Charlotte State NC Zip Code 28237 Purpose of Disbursement Candidate Name Rep. Sue Myrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B193EC959DAFE4D12BDF Date of Disbursement 07 / 26 / 2010
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Welch For Congress	Transaction ID: B18CCC635240D40AF836
	Mailing Address Po Box 1682	Date of Disbursement MM / DD / YYYY 07 / 26 / 2010
	City Burlington State VT Zip Code 05402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Peter Welch	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS	Transaction ID: BACABF63F8F84412BA6F
	Mailing Address P.O. Box 750176	Date of Disbursement MM / DD / YYYY 07 / 26 / 2010
	City Petaluma State CA Zip Code 94975	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name Rep. LYNN C. WOOLSEY	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: B144DDD2274E64D17AC3
	Mailing Address 14 Knightswood Drive	Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Rep. John Adler	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Chet Edwards for Congress <hr/> Mailing Address P.O. Box 23273 <hr/> City Waco State TX Zip Code 76702 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Chet Edwards <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC663EA320894DC1A43 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens For Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA65AC23CE6F24241A09 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Diane Black for Congress <hr/> Mailing Address 819 Plantation Blvd <hr/> City Gallatin State TN Zip Code 37066 <hr/> Purpose of Disbursement <hr/> Candidate Name Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3878B91C9A1C439CB71 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Fleming for Congress <hr/> Mailing Address P.O. Box 1236 <hr/> City Minden State LA Zip Code 71058 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Fleming <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC6402D4A210E4AB7941 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Lewis For Congress Committee <hr/> Mailing Address PO Box 247 <hr/> City Redlands State CA Zip Code 92373 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jerry Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF5F1B6C2C82C4105A8F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress <hr/> Mailing Address 6 E Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lucille Roybal-Allard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1419242C771B48A7957 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jerry Moran Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B660729FFE27B4EF88F0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Mike K. Simpson Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAEE9BFFDB4F445ACA1F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee</p> <p>Mailing Address PO Box 777</p> <p>City Deer Park State NY Zip Code 11729</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Steve J. Israel Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B41F5D12BF41E4A4B8BD</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Tim Bishop for Congress <hr/> Mailing Address P.O. Box 437 <hr/> City Farmingville State NY Zip Code 11738 Purpose of Disbursement <hr/> Candidate Name Rep. Timothy H. Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4814D7720D2445B69E0 Date of Disbursement 08 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Visclosky for Congress <hr/> Mailing Address P.O. Box 10003 <hr/> City Merrillville State IN Zip Code 46411 Purpose of Disbursement <hr/> Candidate Name Rep. Pete Visclosky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B509504CA9AE44713A9D Date of Disbursement 08 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address 818 Connecticut Ave, NW Suite 1100 <hr/> City Washington State DC Zip Code 20006 Purpose of Disbursement <hr/> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 0 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B2D720203778C43F885C Date of Disbursement 08 / 09 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Lummis for Congress <hr/> Mailing Address 2015 Central Ave. Suite 200 <hr/> City Cheyenne State WY Zip Code 82001 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Cynthia Lummis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7AC4D3C763C84716853 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mikulski for Senate Committee <hr/> Mailing Address P.O. Box 13147 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Barbara A. Mikulski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B27B16B05EA724A4290E Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Poe for Congress <hr/> Mailing Address P.O. Box 14222 <hr/> City Humble State TX Zip Code 77347 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Ted Poe <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B09490075A0FD4EC2BF0 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Tim Walz for U.S. Congress <hr/> Mailing Address P.O. Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Timothy J. Walz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3B755437A7294D3186B Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Linder For Congress <hr/> Mailing Address P. O. Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement VOID - 7/15/10 Disbursement <hr/> Candidate Name Rep. John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC0BD83F671BF4FD69D8 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period -5000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Linder For Congress <hr/> Mailing Address P. O. Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement VOID - 7/15/10 Disbursement <hr/> Candidate Name Rep. John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6CC26025E694448B96C Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period -5000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

-7500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Barbara Lee for Congress <hr/> Mailing Address 1736 Franklin Street #550 <hr/> City Oakland State CA Zip Code 94612 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. BARBARA LEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B893966C4F3A54454BC4 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ed Royce for Congress <hr/> Mailing Address P.O. Box 2525 <hr/> City Orange State CA Zip Code 92859 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Ed Royce <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA82846D700E44FE1BA6 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gene Taylor for Congress Committee <hr/> Mailing Address P.O. Box 3838 <hr/> City Bay St. Louis State MS Zip Code 39520 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Gene Taylor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2BA8A144B4754971A57 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Legacy Victory Fund</p> <p>Mailing Address 5310 Harvest Hill Road Suite 209</p> <p>City Dallas State TX Zip Code 75230</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 0</p>	<p>Transaction ID: B07333D6FC7CA4CB9ACC Date of Disbursement: 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Carolyn B. Maloney Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 14</p>	<p>Transaction ID: B725D949099B440E9B39 Date of Disbursement: 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Chet Edwards for Congress</p> <p>Mailing Address P.O. Box 23273</p> <p>City Waco State TX Zip Code 76702</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Chet Edwards Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17</p>	<p>Transaction ID: B7AF38AE0224146A9A4E Date of Disbursement: 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Heller for Congress</p> <p>Mailing Address P.O. Box 750580</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dean Heller Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt2006</p>	<p>Transaction ID: BFD22EDBA45EF47048FC</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Lungren For Congress</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dan Lungren Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC817798B6B944046986</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) McKinley for Congress</p> <p>Mailing Address P.O. Box 6861</p> <p>City Wheeling State WV Zip Code 26003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name David B McKinley Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9739A52A5C8E4815A50</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 208 / 229

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Paul Broun Committee <hr/> Mailing Address P.O. Box 1512 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Paul C. Broun, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA2D5BEB47D8F4F5D905 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 Primary Election Contribution <hr/> Candidate Name Rep. Mike Castle <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB17C89CDDE834B80858 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Diane Black for Congress <hr/> Mailing Address 819 Plantation Blvd <hr/> City Gallatin State TN Zip Code 37066 <hr/> Purpose of Disbursement 2010 General Election Contribution <hr/> Candidate Name Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B86C326DB77804AFB99C Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 2010 General Election Contribution</p> <p>Candidate Name Rep. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4422F692098A4E16BA1</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) KEEP NICK RAHALL IN CONGRESS COMMITTEE</p> <p>Mailing Address P O Box 64</p> <p>City Beckley State WV Zip Code 25802</p> <p>Purpose of Disbursement 2010 General Election Contribution</p> <p>Candidate Name Rep. Nick J. Rahall, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7E82E2A5648D4C36871</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kirk For Senate</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement 2010 Special General Election Contribution</p> <p>Candidate Name Mark Steven Kirk</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General2010</p>	<p>Transaction ID: B01B314602E564DD4930</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 210 / 229

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Lance For Congress Mailing Address PO Box 225 City Colonia State NJ Zip Code 07067 Purpose of Disbursement 2010 General Election Contribution Candidate Name Rep. Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B52F2E65CF00D4C9EA89 Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mike Pence Committee Mailing Address P. O. Box 408 City Anderson State IN Zip Code 46015 Purpose of Disbursement 2010 General Election Contribution Candidate Name Rep. Mike Pence Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFC9BD3A972E64C5C83D Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) People For Patty Murray Mailing Address PO Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement 2010 General Election Contribution Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1E0D53C942C64917A8B Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 211 / 229

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: B302694D602D242FD9DE
	Mailing Address 8331 Little Harbor Drive	Date of Disbursement MM / DD / YYYY 09 / 14 / 2010
	City Cincinnati State OH Zip Code 45244	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2010 General Election Contribution Candidate Name Rob Portman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) Zack Space for Congress Committee	Transaction ID: B601133D5A1A34484A01
	Mailing Address 726 Sixteenth Street NE	Date of Disbursement MM / DD / YYYY 09 / 14 / 2010
	City Massillon State OH Zip Code 44646	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement 2010 General Election Contribution Candidate Name Rep. Zachary T. Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) Arcuri for Congress	Transaction ID: B268C3E6E8BEC45F8A19
	Mailing Address P.O. Box 8508	Date of Disbursement MM / DD / YYYY 09 / 21 / 2010
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 212 / 229

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Boren for Congress <hr/> Mailing Address P.O. Box 1924 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dan Boren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B713694E31EB34559863 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campai <hr/> Mailing Address P.O. Box 12612 <hr/> City San Antonio State TX Zip Code 78212 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles A. Gonzalez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 5000.00	
Category/ Type	Transaction ID: B46744319773E4AECBB4 Date of Disbursement 09 / 21 / 2010
Full Name (Last, First, Middle Initial) FREEDOM AND SECURITY PAC <hr/> Mailing Address 228 S. Washington St., Ste. 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Kline's Leadership PAC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5000.00
Category/ Type	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 213 / 229

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Friends of Dave Reichert <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave G. Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD71543625DC64DF4A13 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD97B7341E6CE40B3822 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC--MC PAC <hr/> Mailing Address P.O. Box 10134 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement Kevin McCarthy Leadership PAC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BF0ED3B1FFA754866B34 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

13000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) New Democrat Coalition PAC (NDC PAC)</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Coalition PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other0</p>	<p>Transaction ID: B67EB7A50C9354B7FBF4</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Pearce for Congress</p> <p>Mailing Address P.O. Box 2696</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Steve Pearce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B664FCBD60E9F4032802</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Thornberry for Congress Committee</p> <p>Mailing Address P.O. Box 9392</p> <p>City Amarillo State TX Zip Code 79105</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. MAC THORNBERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCB19F97C18CF46DAA11</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Tom Rooney for Congress <hr/> Mailing Address 2336 S. East Ocean Blvd. #313 <hr/> City Stuart State FL Zip Code 34996 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Tom Rooney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7679E12937D54E46845 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Van Hollen for Congress <hr/> Mailing Address 10537 St. Paul Street <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAF04D83F15954B0E8C5 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Capuano for Congress Committee <hr/> Mailing Address P.O. Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Michael E. Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B36B31584BB3A4BFAB38 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Committe to Re-elect Ed Towns <hr/> Mailing Address 438 Lewis Avenue <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B16FCDEEFC64DB8B4A Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Djou for Hawaii <hr/> Mailing Address P.O.Box 235280 <hr/> City Honolulu State HI Zip Code 96823 <hr/> Purpose of Disbursement <hr/> Candidate Name Charles Djou <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD7EDFE805DE641708DC Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fleming for Congress <hr/> Mailing Address P.O. Box 1236 <hr/> City Minden State LA Zip Code 71058 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Fleming <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B32C714B2B5D24D2FB04 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Friends of Joe Heck <hr/> Mailing Address P.O. Box 750114 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement <hr/> Candidate Name Joe Heck <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEED1D022B6EB4BD3833 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address P.O. Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Roy Blunt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1A4258593DE148C187C Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Future Leaders PAC <hr/> Mailing Address 1155 21st Street, NW Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Jerry Lewis' Leadership PAC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B2FF418E4EB41447C9BB Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 5035 Township Line Rd <hr/> City Drexel Hill State PA Zip Code 19026 <hr/> Purpose of Disbursement <hr/> Candidate Name PATRICK L MEEHAN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B261075C3EF4AA4E80901 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Sue Myrick for Congress <hr/> Mailing Address P.O. Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Sue Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0D38B0968E914643969 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Target State Victory Fund <hr/> Mailing Address 228 S Washington St. Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Joint Fundraising Committee w/NRSC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B9A768E4F563F415A895 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Tim Bishop for Congress</p> <p>Mailing Address P.O. Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Timothy H. Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC7351CF61A034B56A8F</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Walz for U.S. Congress</p> <p>Mailing Address P.O. Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Timothy J. Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6156905BAE8849FE8E1</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address 232 NE 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B67AFF041CF6441029CA</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

14000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Ben Chandler for Congress <hr/> Mailing Address P.O. Box 12678 <hr/> City Lexington State KY Zip Code 40583 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Ben Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB4BB3D20A84B4EB7A18 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Boren for Congress <hr/> Mailing Address P.O. Box 1924 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement VOID - <hr/> Candidate Name Rep. Dan Boren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCA658D5069D54770802 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period -5000.00
C.	Full Name (Last, First, Middle Initial) Boren for Congress <hr/> Mailing Address P.O. Box 1924 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Dan Boren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0DF2A1611D4F49A0973 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens for Rush</p> <p>Mailing Address P. O. Box 7292</p> <p>City Chicago State IL Zip Code 60680</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Bobby L. Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFEADC84BF462413E8EC</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8A11A7EA1DCE4C8E834</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Continuing America's Strength and Security</p> <p>Mailing Address PO Box 80694</p> <p>City Baton Rouge State LA Zip Code 70898</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 0</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B578E4CF2D37F4558BB5</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Fiorina Victory Committee	Transaction ID: BEB4E8191403144B99A6
	Mailing Address P.O. Box 365	Date of Disbursement MM / DD / YYYY 09 / 28 / 2010
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) Frelinghuysen for Congress	Transaction ID: BAA07C3DF5A044AFDB02
	Mailing Address 19 Cattano Ave	Date of Disbursement MM / DD / YYYY 09 / 28 / 2010
	City Morristown State NJ Zip Code 07960	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Rep. Rodney Frelinghuysen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte	Transaction ID: B19FAF98F34F94404B81
	Mailing Address P.O. Box 233	Date of Disbursement MM / DD / YYYY 09 / 28 / 2010
	City Nashua State NH Zip Code 03061	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Kelly A Ayotte Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Giffords for Congress	Transaction ID: B4737BFC564E749A9841
	Mailing Address P.O. Box 12886	Date of Disbursement 09 / 28 / 2010
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Rep. Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: B274C1ACBBAA9427DB02
	Mailing Address 38 Ivy St., SE	Date of Disbursement 09 / 28 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) Lincoln Davis for Congress	Transaction ID: B70889E7C6FE344FFBCF
	Mailing Address P.O Box 350	Date of Disbursement 09 / 28 / 2010
	City Jamestown State TN Zip Code 38556	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Rep. Lincoln Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Minnick for Congress <hr/> Mailing Address PO Box 636 <hr/> City Annandale State VA Zip Code 22003 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Walt Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01	Transaction ID: B491DDDF188904E84A40 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Norm Dicks for Congress <hr/> Mailing Address P.O. Box 1663 <hr/> City Tacoma State WA Zip Code 98401 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Norm Dicks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 06	Transaction ID: B3F8C6D2AD65644F2A59 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pete Stark Re-election Committee <hr/> Mailing Address P.O. Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13	Transaction ID: BE61A50C0946C49ADA75 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Susan Davis for Congress <hr/> Mailing Address 1212 S. Victory Blvd. Suite 200 <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. Susan A. Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B563EC010C74F4508917 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Thornberry for Congress Committee <hr/> Mailing Address P.O. Box 9392 <hr/> City Amarillo State TX Zip Code 79105 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. MAC THORNBERRY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B52052E1B7BE444F38DD Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tom Hayhurst for Congress <hr/> Mailing Address P.O. Box 40222 <hr/> City Fort Wayne State IN Zip Code 46804 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Thomas E Hayhurst <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B62DAFCA286174E8A917 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Victory In November Election Pac (vine P)</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 0</p>	<p>Transaction ID: BD0B5D3BD49744B8299D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte</p> <p>Mailing Address P.O. Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Kelly A Ayotte Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NH District: Debt2010</p>	<p>Transaction ID: BC7E2FB44BC8C42E2841</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Re-elect Linda Sanchez</p> <p>Mailing Address 1212 S. Victory Blvd Suite 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Linda Sanchez Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39</p>	<p>Transaction ID: BA72E65A0EFC9485EBD0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

HELPING ENSURE RESPONSIBLE GOVERNMENT BY ELECTING REPUBLICANS (H.E.R.G.E.R. PAC)

Mailing Address PO Box 984

City Willows State CA Zip Code 95988

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼

State: District: 0

Transaction ID: BE41BF96A28964A76BD8

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

Category/Type

B.

Full Name (Last, First, Middle Initial)

NO RETREAT POLITICAL ACTION COMMITTEE

Mailing Address 701 8th Street, NW Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼

State: District: Other0

Transaction ID: B35CF0DD302CE46E1BA9

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

492500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Norman B. Livermore, III, MD

Mailing Address 120 La Casa Via Suite 206

City State Zip Code
Walnut Creek CA 94598-3007

Purpose of Disbursement
Refund of erroneous contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BCD569239374045DB942

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

975.00

SUBTOTAL of Disbursements This Page (optional)

975.00

TOTAL This Period (last page this line number only)

975.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

The Congressional Award Foundation

Mailing Address P.O. Box 77440

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Other0

Category/
Type

Transaction ID: BDCEB178C417F4A599F8

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

5000.00